

LIBRARY

**Glamorgan County Council.**

---

**REPORT**

OF THE

**Medical Officer of Health**

FOR THE YEAR 1947.

W. E. THOMAS, B.Sc., M.B., B.Ch., D.P.H.  
MEDICAL OFFICER OF HEALTH.

---



Glamorgan County Council.

---

# REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1947.

W. E. THOMAS, B.Sc., M.B., B.Ch., D.P.H.  
MEDICAL OFFICER OF HEALTH.

---

CARDIFF:

WILLIAM LEWIS (PRINTERS) LIMITED.

# Glamorgan County Council.

---

*To the Chairman and Members of the Health Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

## ANNUAL REPORT, 1947.

I have the honour to present herewith the annual report for 1947. It has been prepared by my predecessor, Dr. A. R. Culley, who left the County service to take up his new duties as Medical Member of the Welsh Board of Health on 31st May, 1948, after five and a half years as your County Medical Officer. His period of office was a difficult one, the first three years approximately being war years, when, in addition to the ordinary duties, there was much Civil Defence responsibility, while the last two years have seen the putting into operation in the County of the Education Act, 1944, and also preparation for the National Health Service Act, 1946. In his general remarks he states that 1947 sees the end of a chapter, and I am sure he looks with satisfaction on the part which he played in its writing and feels well rewarded by the appreciation and good wishes expressed by the Council on his departure.

The preparation of the County Schemes for submission to the Minister under Part III of the National Health Service Act was one of the major administrative activities of the year, and it must give the Committee much satisfaction that the schemes were accepted with so little modification by him. It remains now to implement them, and it is felt that the foundation has been well laid, with the result that their operation will bring much benefit to the population served, although it will be some time before the machine is fully working.

A scheme under Section 21 of the Act in respect of Health Centres remains to be prepared, but further guidance as to the most suitable form of building the service to be provided, etc., is required.

The statistics for the County for the year, given in detail in the report, show several encouraging features, the main being the reduction in the maternal mortality rate to a new low record for the County of 1·84 per thousand live and stillbirths, which is still higher than that for England and Wales (1·17) but a further step in the right direction. The reduction is due in part to the control of puerperal sepsis, as, for the first time on record, there was no death from this cause in the County, but improvement in the standard of the midwifery services also plays a large part.

Another feature of note is the continued reduction in the incidence of diphtheria, the total cases notified for the year being 237 with seven deaths, both new records brought about by the progress made in the immunisation campaign.

The main statistical figures for the year are as follows :—

The death rate was 13·1 per 1,000 of population, which is an increase from 12·1 largely accounted for by the increased deaths in the age-group 65 and upwards from causes associated with old age, such as cerebral vascular disease, bronchitis, and heart conditions; the increase in this group being 588.

The birth rate again showed a marked rise from 19·4 to 20·8, the highest since 1925. There was a set-back in the infant mortality rate which increased from 45 to 51 per thousand live and stillbirths, but the stillbirth rate per thousand population was 0·61 as compared with 0·69.

The number of notifications of pulmonary tuberculosis and also deaths from this cause were identical with last year, while the variation in non-pulmonary tuberculosis was a slightly increased number of deaths with a small reduction in the cases notified.

Deaths from cancer were again less than 1946 ; the crude death rate being 1.60 per thousand population.

The County hospitals, which passed to the Welsh Regional Hospital Board on 5th July, 1948, achieved new records in admissions to the general and maternity wards during the year. Continued improvement in the standard of efficiency in the hospitals has been brought about by the Council, which has, during the years, taken every opportunity to bring about advancement in the services provided. The East Glamorgan County Hospital, opened during the year, although still in its war-time finish, will stand as a monument to the County Hospital Administration.

Every assistance was received by my predecessor and myself from the Committee, and, in particular, from the late Alderman W. H. Davies, whose death in June of this year is universally regretted by all those who knew him. He had been Chairman of the Public Health Committee for ten years.

The administrative staff have had a particularly arduous year, but all worked well, carrying out their allotted tasks in good team spirit, and my thanks are due to them for their efforts.

I am,

Your obedient servant,

**W. E. THOMAS,**

*County Medical Officer.*

*27th September, 1948.*



## TABLE OF CONTENTS.

	<i>Page.</i>
Anterior Poliomyelitis .. .. .	36
Blind Persons Acts, 1920 and 1938 .. .. .	29
Cancer .. .. .	47
Cardiff and County Public Health Laboratory .. .. .	9
Diphtheria .. .. .	34
Food and Drugs Act, 1938 .. .. .	11
Hospitals .. .. .	14
Housing .. .. .	20
Infant Mortality .. .. .	33
Maternal Mortality .. .. .	46
Maternity and Child Welfare .. .. .	25
Midwifery Service—County Domiciliary .. .. .	26
Milk Production .. .. .	9
National Health Service Act, 1946 .. .. .	6
Nurses' Acts, 1943–1945 .. .. .	29
Nursing Homes, Supervision of .. .. .	29
Pollution of Rivers and Streams—Prevention of .. .. .	49
Population .. .. .	8
Rural Water Supplies and Sewage Act, 1944 .. .. .	49
Sanitary Circumstances of the Area .. .. .	49
Scarlet Fever .. .. .	33
Tuberculosis .. .. .	40
Venereal Diseases, Treatment of .. .. .	21
Vital Statistics .. .. .	5
Vital Statistics, Extracts from .. .. .	8
Statistical Tables :—	
Anterior Poliomyelitis .. .. .	37
Births .. .. .	31
Deaths, Causes of (Age-groups) .. .. .	50
Death-rate .. .. .	31
Diarrhoea and Enteritis .. .. .	36
Diphtheria .. .. .	34
Enteric Fever (including Paratyphoid) .. .. .	35
Infant Mortality .. .. .	31
Infectious Diseases—Notification of .. .. .	81
Measles .. .. .	34
Other Maternal Causes .. .. .	46
Population .. .. .	8
Puerperal Sepsis .. .. .	46
Scarlet Fever .. .. .	33
Tuberculosis .. .. .	40
Vital Statistics, 1946 .. .. .	82
Whooping Cough .. .. .	35
Appendices .. .. .	51–79

## VITAL STATISTICS, 1947.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1947, and, for the purpose of comparison, similar statistics for the years 1946 and 1927 are given.

	Birth Rate.			Death Rate.			Infant Mortality Rate.		
	1947	1946	1927	1947	1946	1927	1947	1946	1927
England and Wales .. .. .	20·5	19·1	16·7	12·0	11·5	12·3	41	43	69
Administrative County of Glamorgan ..	20·8	19·4	17·5	13·1	12·1	11·1	51	45	86
Total Urban Districts .. .. .	21·3	19·8	17·7	13·6	12·5	11·3	53	45	86
Total Rural Districts .. .. .	19·4	18·5	17·1	11·5	11·0	10·6	45	46	87
URBAN DISTRICTS :—									
Aberdare .. .. .	18·1	16·5	14·3	15·8	14·6	11·7	62	46	71
Barry Borough .. .. .	23·3	21·5	17·4	12·5	11·8	12·0	48	47	67
Bridgend .. .. .	20·7	20·0	19·6	11·3	10·3	12·1	38	27	81
Caerphilly .. .. .	24·6	23·5	20·7	13·4	12·4	11·4	69	46	115
Cowbridge Borough .. .. .	7·0	15·1	13·0	12·4	8·8	13·9	—	53	—
Gelligaer .. .. .	23·2	22·1	19·0	12·2	11·7	10·1	64	54	88
Glyncorrwg .. .. .	24·5	22·1	22·8	14·9	11·8	12·5	56	71	74
Llwchwr .. .. .	18·5	15·5	16·4	10·9	11·1	10·6	36	43	82
Maesteg .. .. .	23·2	22·1	19·0	13·7	11·3	11·0	60	50	91
Mountain Ash .. .. .	20·8	19·9	17·6	14·9	12·2	11·4	73	50	90
Neath Borough .. .. .	20·1	19·1	17·1	12·5	12·8	12·0	33	44	127
Ogmore and Garw .. .. .	20·1	19·5	18·1	13·3	11·8	9·3	48	33	65
Penarth .. .. .	21·9	18·7	15·0	13·0	12·9	10·8	42	32	52
Pontypridd .. .. .	22·0	20·1	18·6	13·7	13·0	11·4	56	53	82
Porthcawl .. .. .	19·6	17·1	11·3	16·8	13·2	10·1	41	14	26
Port Talbot Borough .. .. .	22·2	19·3	18·3	12·5	11·9	10·8	40	43	89
Rhondda .. .. .	20·7	19·4	17·3	14·9	13·2	11·5	52	43	86
RURAL DISTRICTS :—									
Cardiff .. .. .	15·8	17·3	14·7	10·6	10·3	9·6	33	42	82
Cowbridge .. .. .	28·0	22·0	18·7	11·1	10·7	10·8	46	64	106
Gower .. .. .	19·8	18·6	13·8	12·2	11·8	11·9	32	75	74
Llantrisant and Llantwit Fardre ..	23·7	21·1	21·2	11·7	11·5	12·3	39	36	77
Neath .. .. .	19·9	18·5	17·8	11·7	11·2	10·5	46	47	91
Penybont .. .. .	18·8	17·9	17·3	10·8	10·0	9·4	64	33	81
Pontardawe .. .. .	16·8	17·4	15·7	12·9	12·3	10·6	45	52	100

## NATIONAL HEALTH SERVICE ACT, 1946.

This was a year of preparation for the inauguration of the new Act. Great effort was made by members and officials of the Council to plan the future Health Services of the Authority so as to be ready by the appointed day—5th July, 1948. This meant stepping up the number of meetings, appointing new committees and sub-committees, meeting district councils in conference, etc.

It will be remembered that the new Act determined that the Health Services of the Country should fall into three groups, namely, hospital and specialist services, general practitioner services, and local health authority services.

As far as hospitals were concerned it meant that all the hospitals would pass out of the control of local authorities and be administered by regional hospital boards (or boards of governors for teaching hospitals). Certain institutions which accommodated chronic sick patients and aged persons could continue as mixed institutions administered by either the Regional Hospital Board or the Local Health Authority, according to the type of patient that predominated.

Thus, the County hospitals—as such—will be lost to County Council administration, but the benefit that will accrue to the nation as a whole by the setting up of regional hospital boards will neutralise the blow of losing them. The broader vision will enhance the general hospital services throughout the country and will allow a new growth of good hospitals where none exists now, thus equalising the hospital facilities throughout the land according to the need. Moreover, regionalisation will permit of a further use of hospital beds and will allow of a higher specialisation for certain forms of treatment.

The general practitioner services—medical, dental, and pharmaceutical—will be administered by bodies known as local executive councils and the administrative County of Glamorgan will have such a Council, whose jurisdiction will cover the same territory as the County Council.

Lastly, there are those services which will be controlled by the major health authorities, the county councils and county borough councils. These authorities will henceforth be called local health authorities. All communal health services of a non-specialist kind will become functions of these authorities and, if previously administered by district councils, they will cease to be so administered and pass to local health authority control, e.g. in Glamorgan the administration of the Maternity and Child Welfare Service will become a responsibility of the Glamorgan County Council as the local health authority under the Act.

The main health services to be provided by the County Council are : health centres, maternity and child welfare service, home nursing, domiciliary midwifery service, health visiting service, domestic help service, vaccination and immunisation service, ambulance service, prevention of illness, care and after-care service, and a communal mental health service.

The steps taken by the County Council and its Health Committee to carry out its responsibilities were :—

- (a) The County Council delegated its health functions (with certain reservations as laid down in the Act) to its Health Committee.



(b) The Health Committee set up the following Sub-Committees :

- (i) Administration Sub-Committee.
- (ii) Nursing Services Sub-Committee.
- (iii) General Health Services Sub-Committee.
- (iv) Special Health Services Sub-Committee.

The Health Committee also decided to co-opt a representative from each of the medical, dental, and nursing professions.

The Nursing Services Sub-Committee will be responsible for maternity and child welfare services, domiciliary midwifery service, home nursing, health visiting, domestic help service, and prevention, care, and after-care of illness.

The Special Health Services Committee will develop and control the mental health services and any other special group, such as the tuberculous.

The remaining services, such as provision of health centres, vaccination and immunisation, ambulance service, would be the responsibility of the General Health Services Sub-Committee, together with health functions not dealt with in the 1946 Act, e.g. infectious diseases control, milk control, food and drugs work, etc.

(c) It was decided that in order to carry out the functions under the Act effectively, the day to day administration should be performed by divisional sub-committees constituted from members of the County Council and the constituent district councils and co-opted members. The County area was divided into nine divisional areas, which coincided with the Divisional Executive area created under the Education Act, 1944.

The day to day administration of all the functions under the Act was given to these divisional sub-committees, except those of the mental health services and the ambulance service. Creation of policy will remain with the Health Committee.

It will be noted that a full-time divisional medical officer will be appointed to each division, and will be assisted by technical and administrative officers.

(d) Proposals to the Minister were prepared and forwarded (as required by the Act) to all district councils, voluntary bodies concerned, regional hospital board, and the local executive council. Although approved after the end of the year the modified proposals, minus some of the more detailed appendices, are given in the appendix to this report, for record and historical purposes.

(e) The Health Committee and its Sub-Committees began the process of translating the proposals—both of divisional administration and the new services to come—into reality, although it was not anticipated that all would be in complete readiness by 5th July, 1948.

All the above, so quickly written, involved a great deal of detailed planning, reporting and inter-changing of ideas, often with subsequent modifications. Much remains to be done to interpret the plan into an efficiently working integrated health service, but with the enthusiasm of all concerned—members and officials—this will be done and nothing must be allowed to impede its operation.

## POPULATION.

The estimate of the Registrar-General gives the population of the administrative County as 712,070, as compared with the 1946 estimate of 710,160. The excess of births over deaths was 5,491, being the highest excess of births over deaths since 1928. This was in spite of about 700 more deaths, which were counter-balanced by the fact that there was a fairly high birth rate for the year. How long this increase in the birth rate will be maintained is impossible to prognosticate, but it belies the forecasts made of our national population trend. However, the period immediately following a world war is not a satisfactory one from which one can draw long-term conclusions.

Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1930	809,200	4,921
1903	631,398	13,137	1931	766,141	3,670
1913	791,208	14,363	1932	763,000	3,482
1914	802,752	14,047	1933	758,160	2,504
1915	777,430	12,266	1934	751,650	3,579
1916	752,619	11,485	1935	743,800	3,015
1917	766,990	10,236	1936	731,350	2,358
1918	740,254	8,866	1937	714,200	1,714
1919	795,924	9,828	1938	708,500	1,982
1920	827,639	14,128	1939	709,500	1,746
1921	814,717 (Census)	14,015	1940	716,400	2,077
1922	838,064	10,006	1941	740,310	2,595
1923	827,900	10,656	1942	714,400	4,422
1924	839,500	10,294	1943	697,300	4,125
1925	843,400	8,898	1944	704,540	5,043
1926	843,100	8,213	1945	697,780	3,621
1927	837,000	5,366	1946	710,160	5,208
1928	812,200	5,748	1947	712,070	5,491
1929	809,200	4,582			

## EXTRACTS FROM VITAL STATISTICS.

The following is a short extract from the Vital Statistics of the year 1947:—

<i>Live Births:</i>				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	
Legitimate	..	..		14,303	7,381	6,922	{ Birth rate per 1,000 of population, 20·8
Illegitimate	..	..		500	268	232	
<i>Stillbirths</i>	..	..	..	433	238	194	{ Rate per 1,000 total (live and still) births, 28·42, or ·61 per 1,000 population.
<i>Deaths</i>	..	..	..	9,312	5,248	4,064	{ Death rate per 1,000 of population, 13·1.
<i>Deaths from Puerperal Causes:</i>				<i>Deaths.</i>			<i>Rate per 1,000 total (live and still) births.</i>
Puerperal and Post Abort:	Sepsis			—			0·00
Other Maternal Causes	..	..		28			1·84
Total	..	..	..	28			1·84
<i>Death rate of Infants under one year of age:</i>							
All infants per 1,000 live births	..	..	..	..	..	..	51
Legitimate infants per 1,000 legitimate live births	..	..	..	..	..	..	49
Illegitimate infants per 1,000 illegitimate live births	..	..	..	..	..	..	96
<i>Deaths from Certain Causes:</i>							
Cancer (all ages)	..	..	..	..	..	..	1,139
Measles (all ages)	..	..	..	..	..	..	16
Whooping Cough (all ages)	..	..	..	..	..	..	21
Diarrhoea (under 2 years of age)	..	..	..	..	..	..	88



## MILK PRODUCTION.

The results of sampling of milk produced under licence of the County Council as the Authority under the Milk (Special Designations) Regulations, 1936-1938, is shown in the following table :—

Grade	1946		1947	
	% Satisfactory	% Unsatisfactory	% Satisfactory	% Unsatisfactory
Tuberculin tested ..	73	27	78	22
Accredited .. ..	76	24	72	28

These results do not show any substantial improvement on the figures of recent years. In fact, the tuberculin-tested results are not much better than in 1946 and the accredited milks slightly worse. It is a sad reflection that 25 per cent of samples of the highest quality milk produced in this County are unsatisfactory.

Regular sampling was carried out and the Committee, as in previous years, decided that three bad samples meant the revocation of the licence. The producer can appeal against this decision to the Welsh Board of Health, but in most instances the appeal is not upheld. However, it is not long before an application is made to renew a licence, and in a matter of months this is usually granted after satisfactory samples are given. Two licences were revoked during the year. As described in last year's report, the most common causes leading to bad samples are (1) failure to use steam sterilisation apparatus, (2) shortage of labour, and (3) lack of responsible supervision of milking technique.

The Government scheme for specifying areas in which only certain grades of milk can be retailed has not been implemented. These grades will be tuberculin-tested, accredited milk from a single herd and pasteurised or sterilised milk. As a preliminary subsidies have been given to operators of heat treatment plants, which must be covered by a licence issued by the Ministry of Food and samples must be taken by Food and Drug Authorities to supervise the results.

Three years ago the Committee approved a scheme for the sampling of milk which provided for the taking of samples by the district councils for biological testing at the Cardiff and County Laboratory. During 1947, 458 such samples of milk were tested for tubercle, and of these seven or 1·5 per cent were found to contain tubercle bacilli as compared with 1·7 per cent of the samples examined last year.

This is pleasing and one hopes that it indicates the possibility of better results in the future.

When a positive result is obtained, the Divisional Veterinary Surgeon of the Ministry of Agriculture is contacted, and he makes a clinical inspection of the herd from which the sample was obtained. If any animal is found to be clinically tuberculous it is slaughtered immediately, but if not, further test-samples are taken until the culprit is detected and dealt with. Although biological testing is slow in giving the results, it is well worth the effort put into it and is the means of preventing at the earliest possible moment tuberculous milk getting to the community.

## CARDIFF AND COUNTY PUBLIC HEALTH LABORATORY.

As envisaged in the last annual report, the Minister has taken power to provide a public health laboratory service on a national basis. This means that a bacteriological service will be made available free of charge to local authorities. This service will be set up and administered by the Medical Research Council (at least for three years) and Cardiff will be one of the regional laboratories in the national arrangements. And so the Cardiff and County Public Health Laboratory will lose all its bacteriological work and become a chemical laboratory dealing mainly with food and drug samples and the chemistry of water supplies and sewage effluents. One at first regrets this change, but on deeper examination it becomes obvious that such a process was inevitable. The important thing to safeguard is that a full service be given by the bacteriological service to medical officers of health and others, and this will be done.

To ensure this it has been agreed that the present Joint Laboratory Committee will continue to have reports from the National Service Laboratory as hitherto, and the directors of the laboratory will attend as was customary before the dichotomy. It can be a source of pleasure to both the City Council and to the County Council that the provision they made many years ago has shown the great value to the community of such a laboratory service and led to a national system which will write a brilliant chapter in preventive medicine in the days to come.

During the last full year of the working of the Joint Laboratory, the number of samples examined for the administrative County reached the excellent total of 27,316. The examination of these specimens for chemical or bacteriological examination, or both, represents a tremendous amount of hard detailed work, and one would congratulate all the staff on this effort.

The following table gives an account of the work done at the laboratory during the year 1947 for the administrative County :—

Description of Specimens or Samples.	Total No. examined	Result		Percentage of Positive Results
		Positive	Negative	
<i>Bacteriological Examinations :—</i>				
Water Supplies .. .. .	1,294	—	—	—
Milks for Tubercle Bacilli .. .. .	458	7	451	1.5
Milks for General Examination .. .. .	2,352	—	—	—
Milk for Enteric, etc. .. .. .	8	—	—	—
Water for Enteric, etc... .. .	5	—	—	—
Sputa for Tubercle Bacilli .. .. .	251	27	224	10.8
Urine for Tubercle Bacilli .. .. .	19	—	19	—
Faeces for Tubercle Bacilli .. .. .	2	—	2	—
C.S.F. ? T.B. .. .. .	4	4	—	100.0
Pus and Pleural Fluid ? T.B. .. .. .	51	—	—	—
Diphtheria .. .. .	6,521	650	5,871	10.0
Haemolytic Streptococci .. .. .	1,874	—	—	—
Ringworm .. .. .	74	44	30	59.5
Sera for Enteric.. .. .	71	10	61	14.1
Faeces for Enteric .. .. .	71	3	68	4.2
Urine for Enteric .. .. .	34	—	34	—
Faeces for Dysentery .. .. .	175	4	171	2.3
Faeces for Food Poisoning .. .. .	2	1	1	50.0
Brucella Abortus .. .. .	6	—	—	—
Food for Enteric .. .. .	15	—	—	—
For Wassermann Reaction .. .. .	6,620	570	6,050	8.6
For Gonococcal Complement Fixation .. .. .	1,178	120	1,058	10.2
For Gonococci .. .. .	753	246	507	32.5
Ophthalmia .. .. .	20	—	—	—
For Spirochaeta Pallida .. .. .	30	17	13	56.7
Cerebro Spinal Fluid .. .. .	132	—	—	—
Meningococci .. .. .	24	24	—	100.0
Rodents for Plague .. .. .	32	—	—	—
Ice Cream .. .. .	453	—	—	—
Other Examinations .. .. .	192	—	—	—
<i>Chemical Examinations :—</i>				
Fertilizers and Feeding Stuffs .. .. .	84	—	—	—
Food and Drugs Acts Samples .. .. .	2,436	—	—	—
Water Supplies .. .. .	497	—	—	—
River Waters .. .. .	37	—	—	—
Sewage and Sewage Effluents .. .. .	336	—	—	—
Trade Effluents .. .. .	1	—	—	—
Milk and Milk Products .. .. .	828	—	—	—
Urine Analyses .. .. .	3	—	—	—
Ice Cream .. .. .	364	—	—	—
Other Examinations .. .. .	9	—	—	—
Total .. .. .	27,316	—	—	—



## FOOD AND DRUGS ACT, 1938.

The work entailed under the above Act is heavy, both from the effort in taking samples and from the detailed chemical examinations required. Added to this is the time taken up in Courts of Law when prosecutions are undertaken. However, the quality of the food sold to the community is of primary importance, and the public must not only be safeguarded from the health point of view, but also against fraudulent misrepresentation. During the year 1,394 samples, taken from the County area for which the Council is responsible as a Food and Drugs Authority, were examined, and of these 81 or 5·8 per cent were found to be unsatisfactory. Of this number, 865 were formal milk samples, of which 58 or 6·7 per cent were not of the required standard. It is regrettable to note that this shows no improvement on the 1946 percentage of 6·7.

During the year much consideration was given to the future of food and drugs administration. For many years the superintendents of police divisions have been responsible for sampling in their respective divisions. Samples were passed to the Public Analyst in the City and County Laboratory and, if after consultation with the legal section of the Clerk's Department, it was thought necessary to proceed to legal action, this was done.

For various reasons the Committee decided that the food and drugs administration should be a function of the County Medical Officer's Department. It was further decided to appoint an assistant sanitary inspector and to divide the administrative County into two for this specific purpose. In addition, many other functions would be carried out by each officer, but not altogether a complete equality of function. When time and experience show, following legislative changes such as control of milk production becoming a function of the Ministry of Agriculture, river pollution control to river boards, etc., that change in personnel establishment is necessary, such changes would be made.

It is hoped to increase the amount of sampling, the aim being at least three samples per 1,000 of the population.

The new sampling arrangements will operate from the 1st April, 1948, and one would like to record the expression of the Committee's grateful thanks to the Police Service of Glamorgan for the energy and care displayed throughout the years in assisting the Committee in protecting the public against fraud and disease.

The following table represents in detail the work carried out by the Public Analyst and indicates the variety of samples taken and examined :—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Milk .. .. .	865	—	865	58	—	58
All Bran .. ..	1	—	1	—	—	—
Almond Substitute .. ..	1	—	1	—	—	—
Aspirin Tablets .. ..	1	—	1	—	—	—
Baking Powder .. ..	16	1	17	—	—	—
Banner Barley .. ..	1	—	1	—	—	—
Barley Flake .. ..	7	—	7	—	—	—
Barley Flour .. ..	1	—	1	—	—	—
Barley Kernels .. ..	1	—	1	—	—	—
Barley Pudding Mixture .. ..	1	—	1	1	—	1
Bicarbonate of Soda .. ..	6	—	6	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Bisto Powder .. .. .	1	—	1	—	—	—
Bun Flour .. .. .	7	—	7	3	—	3
Butter .. .. .	47	—	47	—	—	—
Cake Decorations .. .. .	1	—	1	—	—	—
Cake Mixture .. .. .	25	—	25	5	—	5
Canned Beans .. .. .	2	—	2	—	—	—
Canned Peas .. .. .	1	—	1	—	—	—
Castor Oil .. .. .	—	1	1	—	—	—
Cheese .. .. .	17	—	17	—	—	—
Chocolate Spread .. .. .	1	—	1	—	—	—
Coarse Cut Barley .. .. .	1	—	1	—	—	—
Cocoa .. .. .	10	—	10	—	—	—
Coffee .. .. .	13	—	13	—	—	—
Coffee and Chicory Essence .. .. .	4	—	4	—	—	—
Compound Fat .. .. .	1	—	1	—	—	—
Cooking Fat .. .. .	36	—	36	—	—	—
Cordials .. .. .	9	1	10	2	—	2
Cream of Tartar .. .. .	—	1	1	—	—	—
Currants .. .. .	1	—	1	—	—	—
Custard Flavour .. .. .	—	1	1	—	—	—
Custard Powder .. .. .	1	—	1	—	—	—
Dates .. .. .	2	—	2	—	—	—
Date Pudding .. .. .	1	—	1	—	—	—
Dried Egg .. .. .	1	—	1	—	—	—
Dried Peas .. .. .	11	—	11	—	—	—
Dried Milk .. .. .	3	—	3	—	—	—
Dried Soup .. .. .	1	—	1	—	—	—
Epsom Salts .. .. .	1	—	1	—	—	—
Fish Paste .. .. .	2	1	3	—	—	—
Fish Roll .. .. .	1	—	1	—	—	—
Flour .. .. .	3	—	3	—	—	—
Forcemeat .. .. .	1	—	1	—	—	—
Fruit Salts .. .. .	1	—	1	—	—	—
Gelatine .. .. .	2	—	2	—	—	—
Golden Rising Powder .. .. .	9	—	9	—	—	—
Gravy Browning .. .. .	6	—	6	—	—	—
Groats .. .. .	4	1	5	—	—	—
Ground Nutmeg .. .. .	1	—	1	—	—	—
Health Salts .. .. .	3	—	3	—	—	—
Herbs .. .. .	1	—	1	—	—	—
Ice Cream .. .. .	2	—	2	—	—	—
Irish Stew .. .. .	2	—	2	—	—	—
Jam .. .. .	1	—	1	—	—	—
Jelly .. .. .	4	—	4	—	—	—
Lard .. .. .	3	—	3	—	—	—
Lard Compound .. .. .	1	—	1	—	—	—
Lemonade Crystals .. .. .	2	—	2	—	—	—
Lemon Flavoured Beverage .. .. .	3	—	3	—	—	—
Lemon Squash .. .. .	1	1	2	—	—	—
Macaroni .. .. .	8	—	8	—	—	—
Malt Spice .. .. .	1	—	1	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Malt Vinegar .. .. .	5	3	8	—	—	—
Margarine .. .. .	50	—	50	—	—	—
Mashed Potato Powder .. .. .	2	—	2	—	—	—
Mixed Pickles .. .. .	1	—	1	—	—	—
Mixed Spice .. .. .	1	—	1	—	—	—
Mustard .. .. .	1	—	1	—	—	—
Mustard Sauce .. .. .	1	—	1	—	—	—
Non-Brewed Vinegar .. .. .	2	1	3	—	—	—
Noodles .. .. .	1	—	1	—	—	—
Oatmeal and Breakfast Oats .. .. .	5	—	5	1	—	1
Oatrex .. .. .	1	—	1	—	—	—
Orangeade .. .. .	2	—	2	—	—	—
Orange Squash .. .. .	1	—	1	—	—	—
Pasteurised Process Cheese .. .. .	1	—	1	—	—	—
Patent Barley .. .. .	1	—	1	—	—	—
Pearl Barley .. .. .	2	—	2	—	—	—
Pepper .. .. .	1	—	1	—	—	—
Piccalilli Sauce .. .. .	2	—	2	—	—	—
Pilchards .. .. .	1	—	1	—	—	—
Preserved Peas .. .. .	1	—	1	—	—	—
Prunes .. .. .	2	—	2	—	—	—
Pudding Mixture .. .. .	30	—	30	5	—	5
Sage .. .. .	1	—	1	—	—	—
Salad Cream .. .. .	1	—	1	—	—	—
Salt .. .. .	3	—	3	—	—	—
Sauce .. .. .	5	—	5	1	—	1
Sauce Powder .. .. .	1	—	1	—	—	—
Sausage .. .. .	4	—	4	—	—	—
Scone Mixture .. .. .	2	—	2	—	—	—
Scotch Broth .. .. .	4	—	4	—	—	—
Seasoned Gravy Powder .. .. .	1	—	1	—	—	—
Self-Raising Flour .. .. .	10	—	10	—	—	—
Semolina .. .. .	10	—	10	—	—	—
Soup .. .. .	3	—	3	—	—	—
Soya Flour .. .. .	1	—	1	—	—	—
Soyghetti .. .. .	1	—	1	—	—	—
Spaghetti .. .. .	1	—	1	—	—	—
Split Peas .. .. .	1	—	1	—	—	—
Sponge Mixture .. .. .	20	—	20	3	—	3
Steamed Pudding Mixture .. .. .	3	—	3	2	—	2
Stewed Steak .. .. .	1	—	1	—	—	—
Stuffing .. .. .	13	—	13	—	—	—
Sugar .. .. .	2	—	2	—	—	—
Sultanas .. .. .	1	—	1	—	—	—
Sweets .. .. .	1	—	1	—	—	—
Table Deserts .. .. .	1	—	1	—	—	—
Tea .. .. .	3	—	3	—	—	—
Thyme .. .. .	1	—	1	—	—	—
Turox Cubes .. .. .	1	—	1	—	—	—



Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Vermicelli .. .. .	1	—	1	—	—	—
Victory Pickles .. .. .	1	—	1	—	—	—
Vinecta (Superior Tonic) .. .. .	1	—	1	—	—	—
Vinegar .. .. .	18	1	19	—	—	—
Vironita Tonic .. .. .	1	—	1	—	—	—
White Pepper .. .. .	1	—	1	—	—	—
Total .. .. .	1,394	13	1,407	81	—	81

### HOSPITALS.

Although it was understood quite clearly that in 1948 the County hospitals would pass into the hands of the Regional Hospital Board, the County policy was to maintain the hospitals at the highest level possible and where, in spite of circumstances, improvement could be made, then it was made. This policy was put into practice to the fullest possible extent.

*General.* All the hospitals had a busy year. During 1947 history was made in the fact that the East Glamorgan County Hospital at Church Village was opened, and thus a dream of many members and officials became a reality.

*Staffing.* The position of the medical staffing was at first easier, but towards the end of the year it became quite difficult to maintain the full establishment—particularly of junior medical officers. Whether this had some connection with the standstill attitude of many young doctors in view of the new Act one could not be sure, but it is hoped this will soon be rectified.

Nursing staff shortages became extremely difficult in Mid-Glamorgan Hospital and slightly so in West Glamorgan Hospital. Nursing campaigns were organised by the Ministry of Labour, and much effort was put into this with some success. However, the shortages persisted and a heavy burden fell on senior staff. Under these circumstances there is a tendency for the ward tuition of the student nurses to suffer as the ward sisters and senior staff nurses have so much to do. All must be congratulated on the great loyalty shown to the service to the patients.

Wherever it was considered helpful the Committees allowed an increase in the ward orderly establishment, and it must be recorded that the innovation in the County hospitals of the ward orderly system has saved the staffing position and one shudders to think what might have happened but for this action.

Domestic staffing was rather easier than previously, and it is hoped that this position will be maintained.

*Full-Time Consultant Appointments.* It was reported in the 1946 annual report that for the first time a full-time consultant to your hospital service had been appointed. This post was that of a physician, and it was stated that a pathologist would be appointed later. During the year a County hospital pathologist was appointed, and started the task of building up a pathology service. In addition, advantage was taken of the Ministry's scheme for engaging full-time specialists who had served in H.M. Forces. Proposals were put to the Welsh Board of Health who sanctioned, under the scheme, the appointment of a pathologist, a paediatrician, and a radiologist. The pathologist was based on East Glamorgan Hospital and the others visited the County hospitals on fixed days.



Another step which is showing excellent results is the appointment of resident anaesthetists. All these appointments raise the efficiency of the hospitals and place a first-rate service at the disposal of the people.

*Rehabilitation.* The rehabilitation huts at West and Mid-Glamorgan Hospitals, which were almost completed during the year, will be used for additional services as well as physiotherapy as they have proved to be easily adaptable for several purposes.

*Training of Student Nurses.* The General Nursing Council required that each training school for nurses should have itself, or attached to it, a preliminary training school at which student nurses could undertake their first three months' training. This would allow of a great deal of the theoretical training for the preliminary examination being undertaken in the school, and at the same time would allow nurses to have sufficient tuition before entering hospital wards, thus affording protection for themselves and patients from the faults of the completely untrained.

The County Council decided that it would be uneconomic from all points of view to create preliminary training schools for each County hospital. Hence, it was agreed that one preliminary training school should serve the three County hospitals, and that this should be located at the East Glamorgan County Hospital. The reason for this choice was that much of the extensive provision for resident maids at that hospital was unused because of the unwillingness of maids to be resident. This vacant accommodation was adopted for use as the County preliminary training school, and the arrangements have worked well.

Student nurses are recruited by all the hospitals and thus each nurse has a parent hospital. The student nurse goes for thirteen weeks to the preliminary training school and always returns to her parent hospital if her preliminary training has been successfully carried out.

The quality of nursing recruits is very good indeed, and the percentage of final passes should be good.

*Asthma Clinics.* The pressure of work at these clinics has been heavy and so great was the number of attendances that another allergist was appointed to assist in dealing with the 200 patients awaiting their first examination, and the 564 under treatment. This resulted in a marked improvement, and at the end of the year the waiting list had been considerably reduced.

*General.* The total admissions to the County Hospitals cannot be compared to previous years because of the opening of East Glamorgan Hospital and the closing of Llwynypia Hospital for acute surgery after April of the year under review. However, it should be reported that in the last complete year of County Council control 15,230 patients were admitted to the acute wards of the hospitals. This represents a considerable achievement, but in spite of this there are large waiting lists—growing lists—which need real investigation to show if they are really true waiting lists. If they are true waiting lists, it is certain that they are big enough to demonstrate clearly the need for further increases in bed accommodation as soon as possible.

The out-patient departments catered for the care of 28,577 patients who made 75,234 attendances. The value of this service alone to the residents of the County would be difficult to estimate.

*West Glamorgan County Hospital.* 6,536 patients were admitted to the hospital. This could not have been accomplished but for the use of the Crythan Park Annexe. It is of interest to know that 15 specialists were paying routine visits to this hospital in addition to any emergency visits. 6,951 patients visited the out-patient department, making 26,555 attendances. This has meant great pressure on the department.

During the year the new maternity unit (ground floor) was opened by the Minister of National Insurance, the Rt. Hon. James Griffiths, M.P. This is a well-designed unit with twin labour rooms, twin first-stage rooms, sterilising room and surgeons' scrub-up room, large nursery, and 23 patient beds, divided into wards of four, two, and single rooms. In addition to a relatives' waiting room and admission rooms there are all the various service rooms.

Between the old and new units 1,499 mothers were admitted during the year, a record figure for the hospitals. 1,042 expectant mothers visited the ante-natal clinic at the hospital.

During the year the hospital was approved by the licensing and examining bodies for the diploma in anaesthetics and also that of the Royal College of Obstetrics and Gynaecology. In addition, the hospital was approved by the Central Midwives Board as a training school for gas and air analgesia for midwives, and full advantage was taken of this, not only to train pupils, but also County midwives.

*Mid-Glamorgan County Hospital.* A record number of patients was admitted during the year—4,332. This was not the only record created, for the 987 maternity admissions and 10,587 out-patients, making 26,374 attendances, were also records. All this has been done in the face of serious nursing difficulties.

The rehabilitation centre became available and the physiotherapy department, which was working in too small a room, was transferred to this centre with great advantage. The gymnasium and the physiotherapists were thus in essential proximity.

Work was commenced in converting part of the old casual block into a pathology laboratory, which is greatly needed.

*Llwynypia Hospital.* After many years of good service, the acute wards of this hospital were turned over to the new function of caring for the chronic sick. The midwifery facilities were retained and much improved, while the out-patient department was maintained and will work in relation to the new East Glamorgan Hospital. Glyncornel maternity unit operated most successfully, but owing to shortages of qualified staff, the full number of beds has never been used.

Resuscitation facilities were made available for patients requiring this procedure prior to travelling to East Glamorgan Hospital.

*East Glamorgan Hospital.* In April the East Glamorgan Hospital was opened, although the official opening ceremony was performed later by the Minister of Health, the Rt. Hon. Aneurin Bevan, M.P.

This hospital of modern design accommodates 310 patients, but extension of the buildings can easily be made when required. It is a hospital for the treatment of acute cases and facilities for general medicine, surgery, midwifery, paediatrics, ear, nose and throat work, ophthalmic work, etc., are provided. There is a fine twin operating theatre unit, admission block, radiography department, pathology laboratory, and all the other necessary requirements of a modern hospital.

The ward units are of first-class design, based on the Scandinavian type of arrangement, and each unit provides for 30 patients divided into wards of 18 partially segregated, two rooms of four beds each and four single wards.

There is a fine nurses' home with a teaching unit for student nurses, and also the County Preliminary Training School already mentioned in this report.

The hospital has not been completed to specification and when this is done it will be of first-rate construction and appearance.

The equipping of this new hospital was a formidable task only accomplished by purchasing most of the equipment offered by the R.A.F., who had maintained the hospital for R.A.F. personnel during the war years, and adding to this. Many persons helped in equipping and staffing this new project, and all can be proud of accomplishing an excellent result under the most trying of circumstances.

Since the first admissions ward after ward has been opened, and it will not be long before all the accommodation will be fully utilised.

*Summary.* All the County hospitals have done an excellent year's work, in spite of nursing shortages. The burdens have been heavy, the strain exceptional, but despite these the loyalty and enthusiasm of all members of the staff won through to give the results briefly indicated above.

The following tables show (a) the accommodation and record of cases treated at the County hospitals and institutions during the year 1947; (b) a record of admissions to maternity departments since 1930; and (c) a summary of the returns submitted by the medical superintendents of the County hospitals in respect of the year 1947:—



## (a) ACCOMMODATION AND RECORD OF CASES TREATED DURING THE YEAR 1947.

Institution.	No. of Beds (Normal).	No. of Patients (including infants born in hospital).	No. discharged (including infants born in hospital).	No. of Patients in Institution on 31st December, 1947.	Total No. of Deaths.	No. of Surgical Operations performed.	MATERNITY CASES.					No. of Infant Deaths (under 1 year).
							Beds available.	Cases admitted.	No. of Live Births.	No. of Still Births.	No. of Maternal Deaths.	
East Glamorgan County Hospital	310	1,452	1,258	135	89	903	—	—	—	—	—	—
Mid-Glamorgan County Hospital	341	4,332	4,088	198	230	1,183	42	987	870	39	1	9
Llwynypia Hospital ..	214	2,910	2,887	104	78	495	40	664	605	50	3	36
West Glamorgan County Hospital	366	6,536	6,155	315	325	3,944	64	1,499	1,119	58	4	43
Central Homes, Pontypridd	266	1,530	1,248	234	321	—	11	297	286	6	—	4
Penmaen Institution ..	6	194	203	7	14	—	—	—	—	—	—	—
Pontardawe Institution	60	105	70	59	22	—	1	3	2	—	—	—
Totals ..	1,563	17,059	15,909	1,052	1,079	6,525	158	3,450	2,882	153	8	92

## (b) RECORD OF ADMISSIONS TO MATERNITY DEPARTMENTS OF COUNTY HOSPITALS AND INSTITUTIONS.

Institution.	Number of Cases admitted to Maternity Wards.																	Total No. of Cases admitted.	
	1930*	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946		1947
East Glamorgan County ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mid-Glamorgan County ..	26	54	79	136	185	277	304	287	279	339	364	565	703	818	833	773	866	987	7,875
Llwynypia ..	71	107	177	228	282	317	265	312	418	509	516	521	549	494	587	510	500	664	7,027
West Glamorgan County ..	39	61	40	66	119	187	352	432	536	583	731	862	1,069	1,056	1,219	1,263	1,471	1,499	12,585
Pontardawe ..	3	6	3	5	3	6	6	2	5	2	4	4	5	10	8	9	11	3	95
Pontypridd ..	26	33	36	39	65	38	22	24	33	54	75	153	170	271	321	304	306	297	2,267
Totals ..	165	261	335	474	654	825	949	1,057	1,271	1,487	1,690	2,105	2,496	2,649	2,968	2,859	3,154	3,450	28,848

\* From 1st April, 1930.

## (c) SUMMARY OF MEDICAL SUPERINTENDENTS' RETURNS, 1947.

	West Glamorgan County Hospital.	Llwynypia Hospital.	Mid-Glamorgan County Hospital.	East Glamorgan County Hospital.
(1) <i>Accommodation and beds occupied on 31st December, 1947 :—</i>				
(i) Beds .. .. .	366	214	341	310
(ii) Beds occupied .. .. .	315	104	198	135
(iii) Service cases in hospital on 31st December, 1947	—	—	—	—
(2) <i>Statistics, 1947.</i>				
(i) Admissions (including infants born in hospital)	6,536	2,910	4,332	1,452
(ii) No. of Service cases included in 2 (i) .. .. .	4	—	22	—
(iii) No. of deaths .. .. .	325	78	230	89
(iv) No. of discharges (including infants born in hospital) .. .. .	6,155	2,887	4,088	1,258
(v) Duration of stay in hospital of patients shown in 2 (iii) and (iv)—				
(a) Under four weeks .. .. .	5,580	2,634	340	1,300
(b) Four weeks and under thirteen weeks ..	778	245	120	132
(c) Thirteen weeks or more .. .. .	122	31	3,628	20
(vi) No. of chronic sick cases in hospital on 31st December, 1947 .. .. .	40	41	90	—
(3) <i>Staff.</i>				
(i) No. of Resident Medical Staff .. .. .	8	3	5	6
(ii) No. of Visiting Staff—				
(a) Visiting at regular intervals .. .. .	15	6	4	11
(b) When services required .. .. .	2	—	12	1
(iii) Number of—				
(a) Trained Nurses .. .. .	65	25	37	33
(b) Student nurses .. .. .	133	—	35	93
(c) Assistant nurses .. .. .	7	39	13	—
(d) Male nurses .. .. .	2	3	8	4
(e) Male attendants .. .. .	—	—	—	—
(4) <i>Main Categories of Work.</i>				
General Medicine .. .. .	All Categories.	All Categories except Pathology.	All Categories except Pathology.	All Categories except Maternity and Pathology.
General Surgery .. .. .				
Orthopaedic .. .. .				
Gynaecological .. .. .				
Dental .. .. .				
X-rays .. .. .				
Massage .. .. .				
Ear, Nose, and Throat .. .. .				
Maternity .. .. .				
Diseases of Skin .. .. .				
Ophthalmic .. .. .				
Children .. .. .				
Urology .. .. .				
Pathology .. .. .				
Asthma .. .. .				



	West Glamorgan County Hospital.	Llwynypia Hospital.	Mid-Glamorgan County Hospital.	East Glamorgan County Hospital.
(5) <i>No. of Surgical Operations.</i>				
By—				
(i) Resident Staff :				
Major .. .. .	1,177	197	411	362
Minor .. .. .	1,804	253	446	440
(ii) Consultant Staff :				
Major .. .. .	426	28	326	69
Minor .. .. .	537	17	—	32
No. of abdominal sections included in— (i) .. .. .	478	119	195	244
(ii) .. .. .	90	—	132	7
(6) <i>Malignant Disease.</i>				
No. of cases treated .. .. .	156	10	63	51
(7) <i>Maternity Department.</i>				
(i) No. of maternity beds (included in 1 (i) ) ..	64	40	42	—
(ii) Cases admitted during 1947—				
(a) Normal .. .. .	1,065	338	824	—
(b) Complicated .. .. .	434	326	163	—
(iii) Cases delivered by—				
(a) Doctors .. .. .	134	95	48	—
(b) Midwives .. .. .	1,043	342	844	—
(iv) Live births .. .. .	1,119	605	870	—
(v) Stillbirths .. .. .	58	50	39	—
(vi) Maternal deaths .. .. .	4	3	1	—
(vii) Cases of puerperal pyrexia .. .. .	—	—	—	—
(viii) Infant deaths (under one year) .. .. .	43	36	9	—
<i>Ante-Natal Clinic.</i>				
(i) No. of expectant mothers seen .. .. .	1,042	1,122	1,130	—
(ii) Attendances .. .. .	8,005	1,616	1,900	—
(8) <i>Out-patient Department.</i>				
(i) No. of persons seen .. .. .	6,951	8,095	10,587	2,944
(ii) No. of attendances .. .. .	26,555	15,872	26,374	6,433
(9) <i>Treatment of Asthma.</i>				
(i) No. of new cases seen during 1947 .. .. .	372	171	293	141
(ii) Total No. of attendances .. .. .	2,626	1,340	3,002	1,336
(iii) No. on waiting list at 31st December, 1947 ..	6	24	55	24

## HOUSING.

District.	By Local Authority.				By private enterprise, Building Societies, etc.		
	Number of Permanent and Temporary Houses.				Number of houses completed and occupied during the year 1947.	Number partly completed during the year 1947.	Number for which plans were passed but not commenced during the year 1947.
	Completed and occupied during the year 1947.	Partly completed during the year 1947.	Sanctioned but not commenced	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare .. ..	134	186	12	700	2	5	4
Barry Borough .. ..	*104	54	20	*1,401	23	16	—
Bridgend .. ..	*90	*185	*49	*281	24	*14	4
Caerphilly .. ..	110	249	364	883	3	3	—
Cowbridge Borough .. ..	—	10	36	12	2	—	1
Gelligaer .. ..	22	290	—	590	—	—	1
Glyncorrwg .. ..	25	4	160	223	—	—	—
Llwchwr .. ..	—	*182	—	756	3	2	26
Maesteg .. ..	74	36	—	411	—	—	—
Mountain Ash .. ..	58	203	20	299	2	—	—
Neath Borough .. ..	98	91	50	*1,021	—	1	—
Ogmore and Garw .. ..	59	24	*233	369	—	—	—
Penarth .. ..	51	33	—	*214	8	10	44
Pontypridd .. ..	165	160	41	771	9	22	40
Porthcawl .. ..	48	76	—	48	10	14	8
Port Talbot Borough .. ..	176	217	—	1,397	8	7	14
Rhondda .. ..	298	204	—	583	16	3	—
Cardiff Rural .. ..	33	143	—	366	25	4	44
Cowbridge Rural .. ..	31	81	112	618	10	6	27
Gower .. ..	—	42	24	70	29	—	13
Llantrisant & Llantwit Fard .. ..	*239	237	12	1,151	12	—	2
Neath Rural .. ..	22	206	70	872	—	3	11
Penybont .. ..	75	275	80	†1,430	26	24	18
Pontardawe .. ..	101	66	116	1,150	8	2	3
TOTALS .. ..	2,013	3,254	1,399	15,646	220	136	260

\* Including flats and temporary dwellings.

† Including 486 factory workers' hostels.

Next to an adequate diet, good housing is probably the greatest factor in community well-being. So good is the case for reasonable hygienic homes that there is no need to add frills to the claim—it speaks loudly for itself.

The above table is a cold statement of the achievement of the housing authorities and seems but to make mention of facts. Behind the figures lay the hard work of members of councils, officials of all kinds and, last but not least, the sense of good fortune for the new residents and a sense of frustration to those still waiting. A hard job has been started well and given the continued enthusiasm of all with no interruptions in respect of labour and materials, much progress will continue to be made.

In 1945 no houses were completed in the administrative County; in 1946 1,194 were completed and in 1947 the figure was 2,233 completed houses and 3,390 houses were in the course of erection.

It is not easy for one well housed to imagine the relief and joy of those badly housed who at last learn that their turn has come to pack up their goods and chattels and enter the new home. The young couple with one or two children living in a room or two in apartments, sharing kitchens, lavatories and noise, must find it difficult under these conditions to build a healthy and harmonious family life. Similarly, a healthy first-class nation is not to be expected until every family is accommodated in a house or flat which they need not share with others.

One would add that if the creation of official registers of "problem families" is to be avoided, patience, sympathetic guidance, and example must be shown to those rehoused from bad properties, where they have had little chance to develop house pride and the best habits.

The Joint County Rural Housing Committee has continued its work quite actively throughout the year. In particular, progress reports on the housing surveys made by the constituent sanitary authorities were drawn up. Discussions were held concerning difficulties encountered and also meetings of sanitary inspectors in each others areas were commenced to create fairly equal standards, as far as circumstances will permit between different areas of the County.

#### TREATMENT OF VENEREAL DISEASES.

The same facilities for the diagnosis and treatment of venereal diseases were maintained by the Committee during the year. Two clinics are held in port towns Barry and Port Talbot, whilst Pontypridd Clinic serves the heavily populated Rhondda and Aberdare and Mountain Ash areas, as well as Pontypridd. The flanks of the County are served by arrangements made with the Cardiff Royal Infirmary and Swansea General Hospital. In this manner, good cover is given, except that further facilities should be given to the Mid-Glamorgan area. This service passes to the Regional Hospital Board on 5th July, 1948.

Following marked increases in the number of new cases of syphilis and gonorrhoea in 1946 there has been a welcome drop in the 1947 figures :—

Year.	<i>New Cases attending County Clinics during recent years.</i>	
	<i>Syphilis.</i>	<i>Gonorrhoea.</i>
1943	206	363
1944	209	412
1945	186	469
1946	355	722
1947	283	406

The 1946 increased incidence was noted all over England and Wales and one wonders if a similar decrease to that experienced in the County will be noted generally. It is likely that the movement of people at the end of the war brought many under treatment, thereby increasing the clinic patients, and now this has in the main ceased we see the dropping of figures once more. One has the impression, and it is no more than an impression, that there is rather a lesser incidence of venereal disease in your area than in England and Wales as a whole.

Why this is so, and if it is real is not certain, but it would be of interest if an investigation was carried out. Another reason suggested for the decrease in the new cases is that shipping traffic at the ports was less during the year.

Again this year, a large number of persons visited the clinics to get advice on whether or not they were infected. The figures for patients found not to be suffering from venereal diseases at the clinics over recent years are as follows :—

1942	..	270
1943	..	567
1944	..	617
1945	..	715
1946	..	857
1947	..	695



This indicates that, among other things, it is urgently necessary to clear up infections in all infected individuals as far as one can, as evidently fear of disease will not prevent sexual promiscuity. Hence the attack must be a mixture of moral teaching, sex education, general advice, and complete openness in dealing with this matter. The whole circumstances of these diseases require a new approach, or at least a reorientation and in this new consideration we should not let "psychological trauma" be allowed to play an undue part. Better trauma than general paralysis of the insane.

The treatment of both syphilis and gonorrhoea has undergone a great change in the last few years due to the use of the sulphonamide group of drugs and penicillin. Gonorrhoea can be cured in a very short time indeed, but observation is required for some months, particularly to be certain that treatment has not hidden a syphilitic infection, which only gives evidence of its presence a little later. For known syphilitic infection penicillin is combined with organic arsenic and the results appear to be good, but final judgment must be reserved. Admission to hospital is not really necessary for this treatment, as penicillin in an oily medium makes this unnecessary.

It may be of interest to quote extracts from a report made to me by Dr. Simon—one of your venereal diseases officer :—

"The relative proportion of syphilis and gonorrhoea remains about the same.

The treatment of gonorrhoea with penicillin has resulted in 100 per cent cures. Sulphathiazole tablets have been given with initial doses of penicillin, and the results show that there have been very few cases of persistent discharge.

The visits paid by County nurses probably account for the attendance of most contacts.

It is encouraging to see a number of patients who previously suffered from venereal disease coming for an examination and blood test before getting married."

*Regulation 33B.* This regulation has now been repealed, but the work done under the powers given in the regulation in 1947 is given below and compared with 1945 and 1946 :—

	1945.		1946.		1947.	
	Male.	Female.	Male.	Female.	Male.	Female.
(1) Total number in respect of whom Form 1 was received .. .. .	4	53	3	28	3	18
(2) Number in (1) in which attempts were made outside the scope of the Regulation to persuade the contact to be examined before the latter had been named on a second Form 1 .. .. .	1	40	3	26	3	18
(3) Number of those in (1) in respect of whom a second Form 1 were received .. .. .	—	6	—	7	—	3
(4) Number in (3) who were—						
(a) Found .. .. .	—	5	—	7	—	2
(b) Examined after persuasion .. .. .	—	2	—	6	—	1
(c) Served with Form 2 .. .. .	—	2	—	—	—	1
(d) Examined after service with Form 2 .. .. .	—	2	—	—	—	1
(e) Prosecuted .. .. .	—	1	—	1	—	1



The comparative figures for new cases coming under clinic treatment are shown below :—

Year	Syphilis	Soft Chancre	Gonorrhoea	Cases other than Venereal	Total
1928	425	11	893	173	1,502
1929	376	11	990	216	1,593
1930	410	4	1,038	262	1,714
1931	413	6	937	205	1,561
1932	361	7	736	197	1,301
1933	383	1	924	197	1,505
1934	384	5	889	210	1,488
1935	282	2	594	201	1,079
1936	202	1	668	174	1,045
1937	167	5	589	291	1,052
1938	174	7	535	276	992
1939	127	3	502	228	860
1940	106	6	397	193	702
1941	141	5	407	231	784
1942	189	11	421	270	891
1943	206	6	363	567	1,142
1944	209	9	412	617	1,247
1945	186	8	469	715	1,378
1946	355	19	722	857	1,953
1947	283	9	406	695	1,393

*Age Incidence of New Cases attending the Clinics.*

The Committee have asked that the age incidence of new cases attending the clinics should be given in my quarterly reports. The figures for the year are given below :—

AGE INCIDENCE OF NEW CASES EXPRESSED IN PERCENTAGES.  
(MALE AND FEMALE SEPARATELY.)

Age (years).	Males % (approx.)	Females % (approx.)
0—10	1·1	4·0
10—15	0·4	2·7
15—20	3·0	7·4
20—25	30·5	27·7
25—30	26·2	19·6
30—35	13·6	14·2
35—40	8·9	6·1
40—45	4·6	6·1
45—50	2·6	3·4
50+	9·1	8·8

In the following tables information relating to the examination and treatment of patients undertaken at the Clinics at Pontypridd, Port Talbot, and Barry is given.

## PATIENTS TREATED AT CLINICS, 1947.

PONTYPRIDD.														
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.	
	M.	F.	Total	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
New cases .. ..	69	54	123	1	—	1	108	25	133	294	162	456	713	
Patients discharged after completion of treatment	10	12	22	1	—	1	76	30	106	297	163	460	589	
Patients who ceased to attend Clinic before completion of treatment .. ..	43	22	65	—	—	—	—	—	—	—	—	—	65	
Total number of attendances of patients at the Clinic	1,832	1,452	3,284	2	—	2	621	204	825	758	377	1,135	5,246	

PORT TALBOT.														
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.	
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
New cases .. ..	20	21	41	2	—	2	79	11	90	18	12	30	163	
Patients discharged after completion of treatment	7	—	7	3	—	3	44	7	51	22	14	36	97	
Patients who ceased to attend Clinic before completion of treatment .. ..	18	17	35	1	1	2	10	2	12	—	—	—	49	
Total number of attendances of patients at the Clinic ..	790	512	1,302	13	—	13	609	111	720	248	52	300	2,335	

BARRY.														
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.	
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
New cases .. ..	14	12	26	1	—	1	52	6	58	8	2	10	95	
Patients discharged after completion of treatment	—	—	—	—	—	—	10	1	11	8	3	11	22	
Patients who ceased to attend Clinic before completion of treatment .. ..	5	8	13	—	—	—	9	—	9	—	—	—	22	
Total number of attendances of patients at the Clinic..	538	341	879	2	—	2	297	77	374	76	18	94	1,349	

The following tables give information relating to the examination and treatment of patients residing in the Administrative County of Glamorgan undertaken at the Cardiff Royal Infirmary and the Swansea General and Eye Hospital.

## CARDIFF ROYAL INFIRMARY.

	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases .. .. .	30	22	52	—	—	—	45	6	51	117	14	131	234
Patients discharged after completion of treatment	3	7	10	1	—	1	23	6	29	119	14	133	173
Patients who ceased to attend Clinic before completion of treatment .. .. .	24	9	33	—	—	—	27	2	29	—	—	—	62
Total number of attendances of patients at the Clinic ..	926	802	1,728	—	—	—	251	47	298	412	78	490	2,516
Aggregate number of "In-patient days" .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—

## SWANSEA GENERAL AND EYE HOSPITAL.

	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases .. .. .	21	20	41	5	—	5	67	7	74	53	15	68	188
Patients discharged after completion of treatment	12	3	15	4	—	4	56	13	69	50	12	62	150
Patients who ceased to attend Clinic before completion of treatment .. .. .	21	12	33	—	—	—	—	—	—	—	—	—	33
Total number of attendances of patients at the Clinic ..	1,010	736	1,746	31	—	31	570	224	794	147	20	167	2,738
Aggregate number of "In-patient days" .. .. .	58	6	64	—	—	—	85	—	85	—	—	—	127

*Visiting of Defaulters and Contacts.* The system adopted by the Committee is not to use V.D. almoners, but to do this work through the Health Visitor-School Nurse Service. It is felt that in an area where nearly all the patients live in the area and work in local factories, etc., it is easier by this procedure to avoid spreading any knowledge that would indicate a patient is attending a venereal diseases clinic. It has been effective and will probably be continued with the consent and agreement of the Regional Hospital Board.

## MATERNITY AND CHILD WELFARE SERVICES.

In Glamorgan the maternity and child welfare authorities are the district councils, but this will cease to be after 5th July, 1948, when the County Council as the local health authority will become the responsible Authority in the administrative County.

Whilst some of the district councils have provided good services, others have not been able to, owing to financial considerations. Probably no district council has provided the full services possible.

On balance it is an advantage to have one maternity and child welfare authority, so that with a stronger financial position it should be possible to provide an effective service for all areas. Moreover, at last the anomaly of health visitors and domiciliary midwives working in different camps will disappear. A great opportunity presents itself under the 1946 Act to weld all services which work for the well-being of mother and child.



It would be a mistake if any comment above was taken to be censorious in any way. The district councils have all tried to do what they could, and excellent work has been done, but it is suggested that the time has come to unify and co-ordinate all like services.

During the year the maternity and child welfare authorities operated 142 infant welfare centres, 86 ante-natal clinics, and 42 post-natal clinics. These figures show an extension of services over the 1946 position by eight infant welfare centres, two ante-natal clinics, and one post-natal clinic.

The distribution of food supplements—orange juice, codliver oil, and vitamin tablets—has again tended to improve, but still remains lower than one had hoped. Once again, the care of the premature infant has not been adequate, but premature baby units will soon be operating, and the need of additional paediatricians is obvious.

A firm link must be established between the local authority service and the Regional Board facilities, and much can be done by medical officers of health constantly bringing to notice the hospital needs of their areas. Here is one first-rate reason for a professional liaison committee.

#### COUNTY DOMICILIARY MIDWIFERY SERVICE.

The County Council is the local supervising Authority under the Midwives Acts, 1902–1936, for the administrative County, excluding Aberdare and the Rhondda. On 5th July, 1948, the County Council will become the sole local supervising Authority for all the administrative County.

The staff of the County Midwifery Service comprised a superintendent supervisor, three assistant supervisors, and domiciliary midwives varying in number between 121 and 124. The total number of midwives who gave notice of intention to practise was 215. The staffing of the service gave much difficulty in a few areas of the County.

The establishment is adequate for maintaining an efficient service. In fact, if judged by births per midwife, the number of midwives appears excessive, but in view of the conditions laid down by the Salaries of Midwives Committee the number utilised is about right.

During the year County midwives acted as midwives or maternity nurses to 6,215 mothers. This is an increase of 365 patients on the previous year. It will be noted that in this year the County Council's institutional and domiciliary midwifery services were responsible for dealing with 9,665 births out of a total of 14,803 births, i.e. 66 per cent of all births. This is a measure of the responsibility undertaken by the County Council in the important function of the care of the mothers during confinement. Although the institutional side will pass to the Regional Hospital Board, the domiciliary service will remain as a County function. It will be imperative to maintain the efficiency of this service and indeed to add to it.

It is difficult to assess accurately the number of confinements taking place in the homes of the mothers and those occurring in hospitals and nursing homes. As far as it can be ascertained the position in 1947 was :—

Domiciliary births	..	..	..	..	..	..	7,470
County hospitals and institutions	..	..	..	..	..	..	3,450
Other hospitals in administrative County	..	..	..	..	..	..	741
Nursing homes in administrative County	..	..	..	..	..	..	972
Nursing homes and institutions outside administrative County	..	..	..	..	..	..	2,170
Percentage of births in institutions, etc.	..	..	..	..	..	..	50
Percentage of domiciliary births	..	..	..	..	..	..	50

It must be pointed out that these figures are approximate only.

In 1946 about 50 per cent of the births occurred away from the homes of the mothers, so that it appears that the trend of mothers entering hospitals and nursing homes for confinement remains about the same.

The future problem of the domiciliary midwifery service is one of recruitment. The Working Party Report on Midwifery will be published soon and is eagerly awaited. It is obvious that something must be done quickly as soon the position of staffing will become exceedingly serious.

In Glamorgan the number of the midwives over 55 years of age is high and, therefore, a high rate of replacement will be required in the near future. In a married woman's service with a high proportion of the personnel over 55 years of age leading an arduous life, there is no wonder that one finds a great deal of illness. This in turn means a high requirement of relief facilities.

Another problem of the domiciliary midwifery service is the need of adequate housing for midwives. One or two local district authorities, e.g. Caerphilly Urban District Council and Llantrisant and Llantwit Fardre, have given great assistance in housing midwives in council houses, but in the main little help has been forthcoming. Not sufficient importance has been given to the necessity of decent housing facilities for midwives, and until this is faced squarely one cannot blame nurses for turning away from midwifery as a vocation.

A midwife in lodgings usually creates an impossible position, both for midwife and landlady, and soon the young midwife is asked to go elsewhere. Moreover, the solution does not lie in providing a room or so in a house for the young midwife; a midwife wants to have a house to live in, she wants friends to visit her as usually she is living away from her home district, or she wants her elderly parents to live with her as often she is the support of her old folks.

How long will it be before it is realised that a midwife occupying a house in the centre of her district is more essential and can give greater security to the expectant mothers living around her than any other person? Houses are being given to all sorts of persons on a priority basis, but the expectant mothers of any area would soon indicate where the highest priority should lie.

*Gas and Air Analgesia.* The training of County midwives in the practice of gas and air analgesia at the West Glamorgan Hospital is being undertaken. Fifty-eight County midwives have been trained. Towards the end of the year gas and air analgesia machines were being supplied to the training school, and this great blessing to mothers will soon be available to every woman who wishes it. In addition, each midwife will be armed with a blood pressure reading apparatus which will help midwives to detect early toxic conditions associated with pregnancy.

*Training of Midwives.* The County Training Scheme for Midwives was continued successfully during the year. Part I training is given in the West Glamorgan Hospital, and Part II training from the Neath Nursing Association Hostel. The results of this training venture have been excellent and one would congratulate all those involved in the actual training.

*Uniforms.* The Committee decided to issue to domiciliary midwives the uniform adopted centrally by the Central Midwives Board, and towards the end of the year the measuring of midwives, etc., was well under way, and soon all County midwives will be uniformed.

*Sending for Medical Aid.* The midwives sent for medical aid on 2,572 occasions—about 41 per cent of patients. The Council have never placed any kind of restriction on the calling in of doctors by midwives, and the liaison between doctors and midwives is mainly good.



The reasons for sending for such help were as follows :—

(1) <i>Relating to Mother.</i>				(d) Placental abnormalities .. 112			
(i) Ante-natal.				(e) Post partum haemorrhage 99			
(a) Albuminuria .. .. 52				(f) Puerperal pyrexia .. .. 80			
(b) Eclampsia .. .. 3				(g) Breast conditions .. .. 30			
(c) Ante partum haemorrhage 182				(h) Miscellaneous .. .. 86			
(d) Abortions .. .. 99				(2) <i>Relating to Infant.</i>			
(e) Miscellaneous .. .. 110				(a) Neo natal distress .. .. 8			
(ii) Natal.				(b) Asphyxia .. .. 25			
(a) Placenta praevia .. .. 7				(c) Malformations .. .. 62			
(b) Prolonged and 2nd stage labour 394				(d) Eye conditions .. .. 99			
(c) Abnormal presentation .. 368				(e) Prematurity .. .. 28			
(d) Miscellaneous .. .. 54				(f) Skin conditions .. .. 40			
(iii) Post Natal.				(g) Jaundice .. .. 14			
(a) Post-natal convulsions .. —				(h) Miscellaneous .. .. 51			
(b) Albuminuria .. .. —							
(c) Ruptured perineum .. 569				Total .. .. 2,572			

*Supervision of Midwives.* The supervising officers have the duty placed upon them of seeing that all midwives conduct their practices according to the rules of the Central Midwives Board; that all proper records are kept and that all the advice and help required is given. Although these duties are mainly inspectorial the midwives soon recognise that much guidance and help can be brought to them by sensible supervisors. I am satisfied that this kind of relationship exists between the midwives and your Superintendent Supervisor and the Assistant Supervisors.

The following inspections were undertaken by your officers during the year :—

Number of inspections of County midwives .. ..	1,031
Number of inspections of independent midwives .. ..	98
Number of inspections of midwives of nursing associations .. ..	66
Total .. ..	1,195

The following table shows the operation of the County Domiciliary Midwifery Service for the year ended 31st December, 1947 :—

Cases attended.			Fees.		
As midwife.	As maternity Nurse.	Total.	Full fee paid to Midwife.	On investigation of family circumstances.	
				Whole or part fee charged.	No charge made.
5,677	*538	6,215	4,222 or 67·9%	923 or 14·8%	1,070 or 17·2%

\* Includes 195 abortion cases.



## SUPERVISION OF NURSING HOMES.

It is the duty of the County Council to license private nursing homes (including maternity homes) after inspection, and to revisit them at intervals to see that an adequate service is maintained and that the terms of the licence are fulfilled. Forty-one inspections were carried out during the year in relation to the ten nursing homes registered under Section 187 of the Public Health Act, 1936.

During the year two new nursing homes were registered.

This supervision is very necessary. Firstly, the pre-licence inspection ensures that a suitable building is utilised, with adequate rooms, theatre or labour rooms, adequate sanitary provision, and sufficient staff proposed to efficiently run the home. The post-licence visits ensure that the homes are properly maintained.

## NURSES' ACTS, 1943 AND 1945.

This Act provides for :—

- (a) The enrolment of assistant nurses for the sick ;
- (b) The restriction of the title of nurse ; and
- (c) The regulation of agencies for the supply of nurses for the sick.

The main function falling on the County Council is in relation to the regulation of nurses' agencies. Two licences were granted during the year to agencies in the County.

## BLIND PERSONS ACTS, 1920 AND 1938.

At the 31st March, 1948, there were registered in the administrative County 1,369 blind persons. Of this number approximately 79 per cent are over 50 years of age. The incidence of blindness continues to be heaviest in the later age-groups, as is evidenced by the fact that 88 per cent of new cases registered in the year ended 31st March, 1948, became blind at 50 years of age or over.

No cases falling in the age-groups 0-16 years were registered during the year, as compared with eight during the previous year when better ascertainment in certain areas of the County had become possible. The general trend points to a considerable diminution in the incidence of blindness in the early age-groups. This is a welcome feature which may be associated with increased medical science, more skilled nursing at births and prompt and effective treatment of venereal diseases.

Of the fourteen cases on the register between the ages of 5 and 16, the education of thirteen is provided for at the Glamorgan Education Committee's School for the Blind.

The following table shows details of the ages of registered blind persons, the ages at which they became blind, together with similar details for cases registered during the year :—

## REGISTRATION OF BLIND PERSONS—AGE PERIODS.

0-1.	1-5.	5-16.	16-21.	21-40.	40-50.	50-65.	65-70.	70+	Unknown.	Total.
—	1	14	19	135	115	332	158	595	—	1,369

## AGES AT WHICH BLINDNESS OCCURRED—AGE PERIODS.

0-1.	1-5.	5-10.	10-20.	20-30.	30-40.	40-50.	50-60.	60-70.	70+	Unknown.	Total.
153	30	36	71	78	111	151	205	262	263	9	1,369

## BLIND PERSONS REGISTERED AS NEW CASES—AGE PERIODS.

0-1.	1-5.	5-16.	16-21.	21-40.	40-50.	50-65.	65-70.	70+	Unknown.	Total.
—	—	—	1	7	3	27	9	66	—	113

## NEW CASES (AGES AT WHICH BLINDNESS OCCURRED)—AGE PERIODS.

0-1.	1-5.	5-10.	10-20.	20-30.	30-40.	40-50.	50-60.	60-70.	70+	Unknown.	Total.
—	—	—	1	2	3	7	17	26	57	—	113

An analysis of the figures reveals that a high percentage of new cases registered is recruited from those persons whose sight has diminished by reason of age to such an extent as to make them blind within the meaning of the Blind Persons Acts.

Because of the age of the majority of the persons on the register, much of the work under these Acts deals with the provision of domiciliary assistance to the class known as "unemployable," and an average number of 900 blind persons and their dependants are assisted annually, the expenditure on such allowances amounting to £29,900 during the year 1947.

In October, 1947, it became clear from the National Assistance Bill that as part of its social security plan the Government intended to transfer the responsibility for providing financial assistance to necessitous blind persons and their dependants from the local authority to a central department to be set up, i.e. the National Assistance Board, which would have the duty of providing such assistance to all classes of persons in need. The Bill forecast that the duties in relation to blind persons which will remain with the local authority are largely those connected with general welfare, e.g., the provision of employment, hostels, home visiting and teaching, etc.

*Prevention of Blindness and Provision of Treatment.* During the year this important branch of the Authority's work has been actively pursued at the Council's hospitals, viz. East Glamorgan, West Glamorgan, Mid-Glamorgan, and Llwynypia. Every effort is made to bring suitable persons under treatment, and the travelling expenses of the persons concerned and their guides are paid by the Authority in necessitous cases.

*Training and Employment.* The responsibility for training blind persons up to the age of 21 rests with the local education authority, and in the case of persons over that age with the Ministry of Labour and National Service in respect of those who are registered as disabled persons under the Disabled Persons (Employment) Act. At the present time the local education authority makes provision for the training of blind persons in sheltered employment on behalf of the Ministry.

*Employment.* The Authority has continued to make the fixed annual contributions prescribed by the Minister of Health under Section 102 (1) of the Local Government Act, 1929, to voluntary associations providing workshop employment and where evidence of financial necessity has been proved additional assistance has been granted with the object of maintaining employment.

## STATISTICAL TABLES.

The following miscellaneous statistical tables are inserted for purposes of comparison :—

## BIRTHS.

		1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Administrative County ..	..	15.3	15.4	15.6	16.3	16.7	18.2	18.4	19.4	18.1	19.4	20.8
England and Wales ..	..	14.9	15.1	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5
Illegitimate birth-rate per 1,000 births—												
Administrative County ..	..	—	32	30	29	35	34	44	49	67	43	34
England and Wales ..	..	—	42	42	43	53	54	63	72	92	65	52

## DEATH RATE.

		1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Administrative County ..	..	12.9	12.6	13.1	13.4	12.9	12.1	12.4	12.3	12.9	12.1	13.1
England and Wales ..	..	12.4	11.6	12.1	14.3	13.2	11.6	12.1	11.6	11.4	11.5	12.0

## INFANT MORTALITY.

Year.	Deaths under one year per 1,000 Births.		Year.	Deaths under one year per 1,000 Births.	
	Glamorgan	England and Wales.		Glamorgan.	England and Wales.
1914.	112	105	1932.	72	65
1917.	94	96	1933.	79	64
1918.	95	97	1934.	65	59
1919.	95	89	1935.	64	57
1920.	90	80	1936.	63	59
1921.	93	83	1937.	65	58
1922.	90	77	1938.	60	53
1923.	75	69	1939.	60	50
1924.	77	75	1940.	65	55
1925.	83	75	1941.	67	59
1926.	76	70	1942.	55	49
1927.	86	69	1943.	56	49
1928.	75	65	1944.	48	46
1929.	80	74	1945.	58	46
1930.	69	60	1946.	45	43
1931.	77	66	1947.	51	41

Infant mortality in the administrative County since 1918 is clearly indicated in the following graph:—



# ADMINISTRATIVE COUNTY OF GLAMORGAN • INFANT MORTALITY •



## INFANT MORTALITY.

The infant mortality rate in 1947 was not so good as the previous year, the rates being 51 in 1947 and 45 in 1946. The England and Wales rate for the year was a continued improvement on recent years, in which previously the County had shared, but this year we have gone back a step. It is hoped this is but a temporary setback.

It is still a surprise to realise that the County infant mortality rate in 1904 was 176 and now it is 51. This represents a great saving in young life, but there is much to be done yet to bring down this figure. The greatest saving of life has been between one month and the attainment of the first birthday. No substantial saving of life has taken place between the period of birth and reaching the end of the first month. In other words, preventive medicine and curative medicine have shown results once the child can be safely brought through the first month of life, but so far little influence has been displayed on those factors which cause death soon after birth. The main causes of death in this neo-natal period are prematurity, congenital and developmental malformations, infective disease of lungs and intestine. It appears that before any great inroad can be made on neo-natal mortality we must do more for the premature infant, secure better midwifery, and raise the standard of hygiene in the home.

Here is a field for social medicine and a test of real co-operation between regional hospital boards, general practitioner services, and the appropriate services of the local health authorities. Where this co-operation is enthusiastic results will soon show, and where not, there will be a serious lagging in saving the lives of infants.

## SCARLET FEVER.

				1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Cases	..	..	..	2,219	3,859	3,629	1,948	1,693	1,282	1,530	1,855	1,972	1,571	1,473	1,304
Attack-rate per 1,000	..			3.03	5.40	5.12	2.74	2.36	1.73	2.14	2.66	2.80	2.25	2.07	1.83
Hospital Cases	..	..		1,387	1,697	2,182	1,406	999	830	1,160	1,440	1,356	1,100	1,082	863
Deaths	..	..	..	11	7	16	10	5	4	2	3	2	3	—	—
Death-rate per 1,000	..			0.01	0.01	0.02	0.01	0.01	0.01	0.003	0.004	0.003	0.004	0.00	0.00
England and Wales—															
Death-rate per 1,000				0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

There was a slight reduction in the number of notified cases of scarlet fever, and the mildness of the type can be realised when it is seen that there was not a single death, whereas in 1935, with 1,841 cases, there were eleven deaths. It is difficult to appreciate the fact that within living memory scarlet fever was a devastating disease. We do not really know if the apparently innocuous disease of to-day is due to a lowering of virulence of the causal organism or a raising of the nation's resistance, or both. Because of this lack of knowledge we cannot foresee the future trend.



## DIPHTHERIA (INCLUDING MEMBRANOUS CROUP).

			1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Cases	..	..	1,133	1,463	2,017	1,958	2,572	2,182	1,373	1,049	776	546	442	237
Attack-rate per 1,000	..		1.55	2.05	2.85	2.75	3.59	2.95	1.92	1.50	1.10	0.78	0.62	0.33
Hospital cases	..	..	919	1,074	1,659	1,716	2,436	1,938	1,309	1,013	779	618	528	258
Deaths	..	..	53	49	64	62	98	83	48	24	29	17	17	7
Death-rate per 1,000	..		0.07	0.07	0.09	0.09	0.14	0.11	0.07	0.03	0.04	0.02	0.02	0.01
England and Wales—														
Death-rate per 1,000			0.07	0.07	0.07	0.05	0.06	0.07	0.05	0.03	0.02	0.02	0.01	0.01

The number of cases of diphtheria notified during 1947 was the lowest recorded, being a little more than half the number for 1946, which was also a record year. Moreover, only seven deaths occurred from this dreadful disease—again a low record; a marked contrast to the 83 deaths in 1935.

This result reflects the hard work carried out by district councils who, in this year, were responsible for immunisation against diphtheria.

The position at the end of the year 1947 was:—

Percentage who had received immunising injections:

- (a) Under 5 years of age .. .. 60.0 per cent.
- (b) Over 5 years of age .. .. 71.7 per cent.

In 19 out of 24 district council areas no deaths occurred from diphtheria.

If these results are to be improved or maintained, it is essential for the local health authorities who will become responsible for this work to see that great attention is paid to secure a high rate of immunisation of children in their first year of life and to maintain the immunity level by "boosting" doses.

## MEASLES.

			1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Deaths	..	..	9	41	14	22	18	46	6	23	3	17	1	16
Death-rate per 1,000	..		0.01	0.06	0.02	0.03	0.03	0.06	0.01	0.03	0.004	0.02	0.001	0.02
England and Wales.—														
Death-rate per 1,000			0.07	0.02	0.04	0.01	0.02	0.03	0.01	0.02	0.01	0.02	0.00	0.01

Being a measles epidemic year the number of deaths showed the biennial increase. It is likely that this is a disease which will come more and more under control. It is possible that the future will bring forward discoveries which by general application will render this disease so mild as not to be a cause of death.



## WHOOPING COUGH.

	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946	1947.
Deaths .. ..	55	29	26	27	13	46	15	20	24	14	19	21
Death-rate per 1,000 ..	0·07	0·04	0·04	0·04	0·02	0·06	0·02	0·03	0·03	0·02	0·03	0·03
England and Wales—												
Death-rate per 1,000	0·05	0·04	0·03	0·03	0·02	0·06	0·02	0·03	0·03	0·02	0·02	0·02

Whooping cough is a disease which is distressing to see and which regularly takes its toll of young life. The vaccine trials are rather encouraging, although final judgment is reserved. It is odd to contemplate that three times as many children died of this disease in the County than died of diphtheria.

## ENTERIC FEVER (INCLUDING PARATYPHOID).

Year.	Administrative County of Glamorgan.				England and Wales.
	Cases.	Attack-rate per 1,000.	Deaths.	Death-rate per 1,000.	Death-rate per 1,000.
1899.	1,487	2·41	215	0·34	0·19
1904.	825	1·27	194	0·39	0·23
1914.	110	0·14	28	0·03	0·05
1927.	23	0·03	4	0·005	0·01
1928.	24	0·03	2	0·002	0·01
1929.	19	0·02	2	0·002	0·01
1930.	33	0·04	3	0·004	0·01
1931.	20	0·03	4	0·005	0·01
1932.	7	0·01	1	0·001	0·01
1933.	15	0·02	1	0·001	0·01
1934.	11	0·01	2	0·002	0·00
1935.	21	0·03	2	0·003	0·00
1936.	38	0·05	4	0·005	0·00
1937.	37	0·05	4	0·006	0·00
1938.	10	0·01	1	0·001	0·00
1939.	41	0·06	1	0·001	0·00
1940.	15	0·02	1	0·001	0·00
1941.	66	0·09	4	0·005	0·00
1942.	12	0·02	—	—	0·00
1943.	12	0·02	—	—	0·00
1944.	2	0·002	1	0·001	0·00
1945.	10	0·01	—	0·00	0·00
1946.	51	0·07	3	0·004	0·00
1947.	5	0·007	—	0·00	0·00

The above table demonstrates one of the great triumphs of preventive medicine. The number of deaths from the enteric fevers in 1899 was 1,487 and in 1947—5. There are little rewards in public health if regarded from the purely materialistic view, but from the standpoint of success in saving life and avoiding disease there can be few vocations giving such great satisfaction.

As far as is known there was no recurrence of cases of paratyphoid fever from the source mentioned in last year's report, but the position must be carefully watched until complete safety can be assured.

## DIARRHOEA AND ENTERITIS (INFANTS UNDER 2 YEARS).

	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Deaths .. ..	53	37	36	40	51	55	65	56	49	73	50	88
Death-rate per 1,000 births	4.7	3.38	3.30	3.59	4.29	4.33	4.91	4.37	3.58	5.77	3.62	5.94
England and Wales—												
Death-rate per 1,000 births	5.9	5.8	5.5	4.6	4.6	5.1	5.20	5.30	4.8	5.60	4.4	5.8

There was a substantial increase in the number of deaths during the year, and much care must be given to this problem. More often than not the death rate from these conditions in the County is less than that for England and Wales, but in the year under review the position was reversed. This was in spite of the fact that there were no extensive epidemics in hospital maternity departments.

This is a problem to which much study and investigation must be given and close co-operation will be needed with the new Public Health Laboratory Service.

## ANTERIOR POLIOMYELITIS.

(Infantile Paralysis.)

This year saw a serious epidemic of the virus infection—infantile paralysis. Great Britain experienced an epidemic of such dimensions as it has never had before. The administrative County shared in this outbreak and was an area which suffered substantially. A report made to the Committee is reproduced as it gives the position up to the end of the year :—

Infantile paralysis is a virus infection, the virus acting particularly on the cells in the spinal cord (poliomyelitis) or sometimes on the lower brain (polioencephalitis). The result of damage of the nerve cells tends to lead to paralysis of the muscles controlled by those cells. Hence the seriousness of a case will depend on what cells are involved ; for example, if the cells controlling the muscles of respiration are affected death may occur. An iron lung may tide the patient over the acute crisis in this type of case. Other persons are fortunate in the sense that few cells appear to suffer and the resulting paralysis is slight. It is the customary occurrence to have the initial amount of paralysis lessening after the acute stage is over, so that the residual paralysis is less than that first noted. Some patients show all the early symptoms and fulfil certain pathological tests for the disease but recover quickly and show no signs of paralysis at all ; these are called abortive cases. Probably many persons are infected during an epidemic period but show no evidence of the disease. The virus can be found in the naso-pharynx and in stools of infected persons and hence the spread of the disease is usually by infection from the mouth by coughing and sneezing, etc., and possibly also by lack of hygiene regarding the hands after toilet.

The infectivity of the disease is low or the resistance to it great, as otherwise one would have expected multiple cases in the same household, whereas actually there is no instance of two cases occurring in the same house in the County during the epidemic.

The epidemic of infantile paralysis which the country experienced during the year is far and away the most serious one which has yet visited this island. The previous largest epidemic of this disease was in 1938 when 1,585 cases were notified, but this is dwarfed by the size of the recent epidemic. This visitation started about early May, reached its peak of over 600 cases per week late in August, and early September, and is now around 50 per week and slowly dropping. Up to 8,000 cases were reported in 28 weeks.

In the administrative County cases first occurred at the end of June and early July, 1947, and the last case notified during 1947 was in the week ending 29th November—the total number of cases notified amount to 103. Many cases were suspected to be suffering from the disease, but the original diagnosis was not confirmed and undoubtedly many abortive cases would have been completely missed. Hence the number of 103 indicates those patients who it is fairly certain were infected and who showed some evidence of this.

TABLE I.

NUMBER OF CASES NOTIFIED WEEKLY FROM THE COMMENCEMENT OF THE OUTBREAK TO THE END OF DECEMBER, 1947.

Week ended.	No. of Notifications.	Week ended.	No. of Notifications.
July 5th	4	<i>Brought forward</i>	79
" 12th	1	October 6th	10
" 19th	3	" 11th	2
" 26th	4	" 18th	6
August 2nd	9	" 25th	—
" 9th	7	November 1st	2
" 16th	10	" 8th	1
" 23rd	9	" 15th	2
" 30th	4	" 22nd	—
September 6th	10	" 29th	1
" 13th	8	December 6th	—
" 20th	7	" 13th	—
" 27th	3	" 20th	—
<i>Carried forward</i>	79	" 27th	—
		Total	103

TABLE II.  
CASES NOTIFIED UP TO 27TH DECEMBER, 1947.

District.	No. of Cases.	Age Incidence.					
		0-5	6-10	11-15	15-20	21-30	31+
<i>Borough.</i>							
Barry .. ..	3	2	1	—	—	—	—
Neath .. ..	3	2	—	—	1	—	—
Port Talbot .. ..	7	5	1	1	—	—	—
<i>Urban.</i>							
Aberdare .. ..	5	3	2	—	—	—	—
Bridgend .. ..	1	—	—	1	—	—	—
Caerphilly .. ..	1	1	—	—	—	—	—
Gelligaer .. ..	1	—	1	—	—	—	—
Glyncorrwg .. ..	1	1	—	—	—	—	—
Llwchwr .. ..	8	1	3	1	1	2	—
Maesteg .. ..	3	—	—	2	—	1	—
Mountain Ash .. ..	2	—	—	—	1	1	—
Ogmore and Garw .. ..	1	1	—	—	—	—	—
Penarth .. ..	3	—	1	1	—	1	—
Pontypridd .. ..	2	2	—	—	—	—	—
Porthcawl .. ..	3	2	1	—	—	—	—
Rhondda .. ..	21	11	5	—	—	3	2
<i>Rural.</i>							
Cardiff .. ..	10	5	3	2	—	—	—
Cowbridge .. ..	1	1	—	—	—	—	—
Gower .. ..	2	1	—	—	—	—	1
Llantrisant .. ..	5	2	1	—	—	—	2
Neath .. ..	9	6	2	—	—	—	1
Penybont .. ..	4	2	1	—	—	—	1
Pontardawe .. ..	7	7	—	—	—	—	—
Totals .. ..	103	55	22	8	3	8	7



TABLE III.

AGE INCIDENCE EXPRESSED IN PERCENTAGES OF NOTIFIED CASES RECORDED IN TABLE II.

Age Group.	Percentage of notified cases.
0-5	53.4
6-10	21.4
11-15	7.8
15-20	2.9
21-30	7.8
Over 31.	6.7

*Action Taken.* The district medical officers of health were responsible for the care and treatment of patients suffering from the disease. Wherever it was requested the service of our orthopaedic nursing staff was given in the isolation hospitals and eventually, if the patients were school children, they came within the facilities provided by the Education Committee.

The district medical officers of health kept our Public Health Department fully informed of new cases and action taken in schools. In only one nursery school was the closure procedure adopted. All hospitals were advised that tonsillectomies should cease during the epidemic and although this action can be criticised, it is still considered the correct and wise action. The ban has now been lifted. The district medical officers of health took various preventive measures—some taking much more drastic action than others. In the main careful consideration was given to these actions and little evidence of “panic” decisions was noted.

*Comments on the Epidemic.*

(1) *Incidence.* One hundred and three cases occurred, giving an attack rate of the population of 0.14 per 1,000.

(2) *Mortality.* The case mortality rate (four deaths) was 3.9 per cent, which appears low compared with most other mortality rates published from other areas.

(3) *Severity.* The number of unidentified abortive cases which occurred in the population will never be known, but it is acknowledged that many probably were infected but overcame the infection with only slight symptoms occurring and no recognition of the actual disease. Of the 103 recognised cases the severity as interpreted by paralysis was as follows :

No paralysis (abortive)	..	..	..	30
Mild paralysis ..	..	..	..	48
Severe paralysis	..	..	..	25

It is not known for certain how many patients were treated in an iron lung, but at least three cases were so treated.

(4) *Sex Distribution.* Male 63 ; females 40 : giving a ratio of male to female as 1.6 to 1.0. This male preponderancy is usual, although no satisfactory explanation has been advanced to account for it.

(5) *Distribution of Paralysis.* Of the 103 cases it has already been stated the 30 were abortive and showed no paralysis. Of those showing paralysis, the parts of the body musculature affected were as follows :

Upper limb	..	..	..	..	..	8
Upper limbs	..	..	..	..	..	1
Lower limb	..	..	..	..	..	29
Lower limbs	..	..	..	..	..	5
Upper and lower limbs			..	..	..	5
Face muscles	..	..	..	..	..	8
Trunk muscles		..	..	..	..	3
Respiratory muscles	..	..	..	..	..	4
Limbs and trunk	..	..	..	..	..	3
Neck muscles	..	..	..	..	..	4
Brain involved paralysis	..	..	..	..	..	3

It will be noted that out of 73 patients with paralysis as many as 34 had lower limb or limbs involved, and another 5 had lower limbs involved together with upper limbs.

(6) *Age Distribution.* Infantile paralysis is not an accurate descriptive title for this disease if by "infantile" one means a child under one or two years of age. Under two years of age there were but 18 cases, but 53·4 per cent of all cases occurred in children under school age. Actually the brunt was borne by the one year to five years group. Over school age (15 years) 18 cases were notified or 17·5 per cent of all notified cases. 29·1 per cent of the notified cases were in the school group, i.e. 5-15 years of age.

*Summary.* During the summer and autumn of 1947 the administrative County of Glamorgan suffered its most severe epidemic of infantile paralysis or acute poliomyelitis. In this we shared with the rest of the country the most serious visitation of this disease ever recorded here. Many other areas suffered more than Glamorgan, not only in incidence but in mortality.

The features of the epidemic have been briefly described and certain comments made, the figures being approximate but sufficiently accurate to be of great value. One case only has been reported since 29th November, 1947 (i.e. during week ended 10th January, 1948) and there is now hope that the epidemic in the administrative County is over.

## TUBERCULOSIS.

TABLE I.

				1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Cases notified—															
Phthisis	..	..	..	838	828	842	844	975	933	934	991	1,186	1010	894	894
Other Tuberculous diseases				314	320	345	310	332	355	322	356	284	283	243	229
Deaths—															
Phthisis	..	..	..	503	513	491	469	477	492	447	468	454	416	432	432
Other Tuberculous diseases				107	106	105	83	119	107	94	105	111	92	77	83
Case Mortality per cent—															
Phthisis	..	..	..	60.2	61.9	58.3	55.7	48.9	52.7	47.9	47.2	38.2	41.2	48.3	48.3
Other Tuberculous diseases				34.1	33.1	30.4	26.8	35.8	30.1	29.2	29.4	39.1	32.5	31.7	34.2
Death-rate per 1,000.	Administrative County—														
	Phthisis..	..	..	0.69	0.72	0.69	0.66	0.67	0.66	0.63	0.67	0.64	0.60	0.61	0.61
	Other Tuberculous diseases				0.15	0.15	0.15	0.12	0.17	0.14	0.13	0.15	0.16	0.13	0.11
	Urban Districts—														
	Phthisis..	..	..	0.75	0.75	0.73	0.74	0.70	0.71	0.68	0.74	0.68	0.64	0.65	0.62
	Other Tuberculous diseases				0.15	0.15	0.16	0.14	0.18	0.15	0.13	0.15	0.15	0.15	0.13
	Rural Districts—														
	Phthisis..	..	..	0.50	0.63	0.59	0.42	0.57	0.54	0.48	0.49	0.55	0.49	0.49	0.56
	Other Tuberculous diseases				0.13	0.13	0.10	0.05	0.12	0.12	0.12	0.14	0.18	0.09	0.09
	England and Wales—														
	Phthisis	..	..	0.58	0.58	0.53	0.53	0.58	0.60	0.54	0.56	0.52	0.52	0.46	0.47
	Other Tuberculous diseases				0.11	0.11	0.10	0.10	0.11	0.12	0.11	0.11	0.10	0.10	0.08

TABLE II.—NOTIFICATION OF TUBERCULOSIS.

Year.	Number of Notifications.			Rate per 1,000 population.		
	Pulmonary.	Non-pulmonary.	Total.	Pulmonary.	Non-pulmonary.	Total.
1944	1,186	284	1,470	1.68	0.40	2.08
1945	1,010	283	1,293	1.45	0.41	1.86
1946	894	243	1,137	1.26	0.34	1.60
1947	894	229	1,123	1.26	0.32	1.58



TABLE III.—NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS.

Year.	Rate per 1,000 population.
1938	0.48
1939	0.44
1940	0.46
1941	0.48
1942	0.45
1943	0.51
1944	0.40
1945	0.41
1946	0.34
1947	0.32

TABLE IV.—DEATH RATES PER 1,000—TUBERCULOSIS—YEAR 1947.

Area.	Pulmonary.	Non-pulmonary.	All forms.
Glamorgan .. ..	0.61	0.12	0.73
Wales and Monmouthshire	0.50	0.10	0.69
England and Wales ..	0.47	0.08	0.55

The number of patients notified as suffering from pulmonary tuberculosis is identical with the figure for 1946, and as the estimated populations of the two years are nearly equal, the notified case population rate remains the same. In fact, in face of mass radiography one may think that the position during the year was really a slight improvement. The number of deaths too was the same as last year (1946) and the death rate was also the same.

The number of notifications of non-pulmonary tuberculosis was slightly less than in the previous year, but the number of deaths was slightly raised.

Consideration of the above tables brings out the following points:—

(1) The number of notifications of pulmonary tuberculosis is almost stationary and has not reached the lower figures of the years immediately preceding the war.

(2) The death rate per 1,000 is almost stationary, but is a little better than the years preceding the war. It is not certain if this reflects earlier diagnosis with improvement of prognosis.

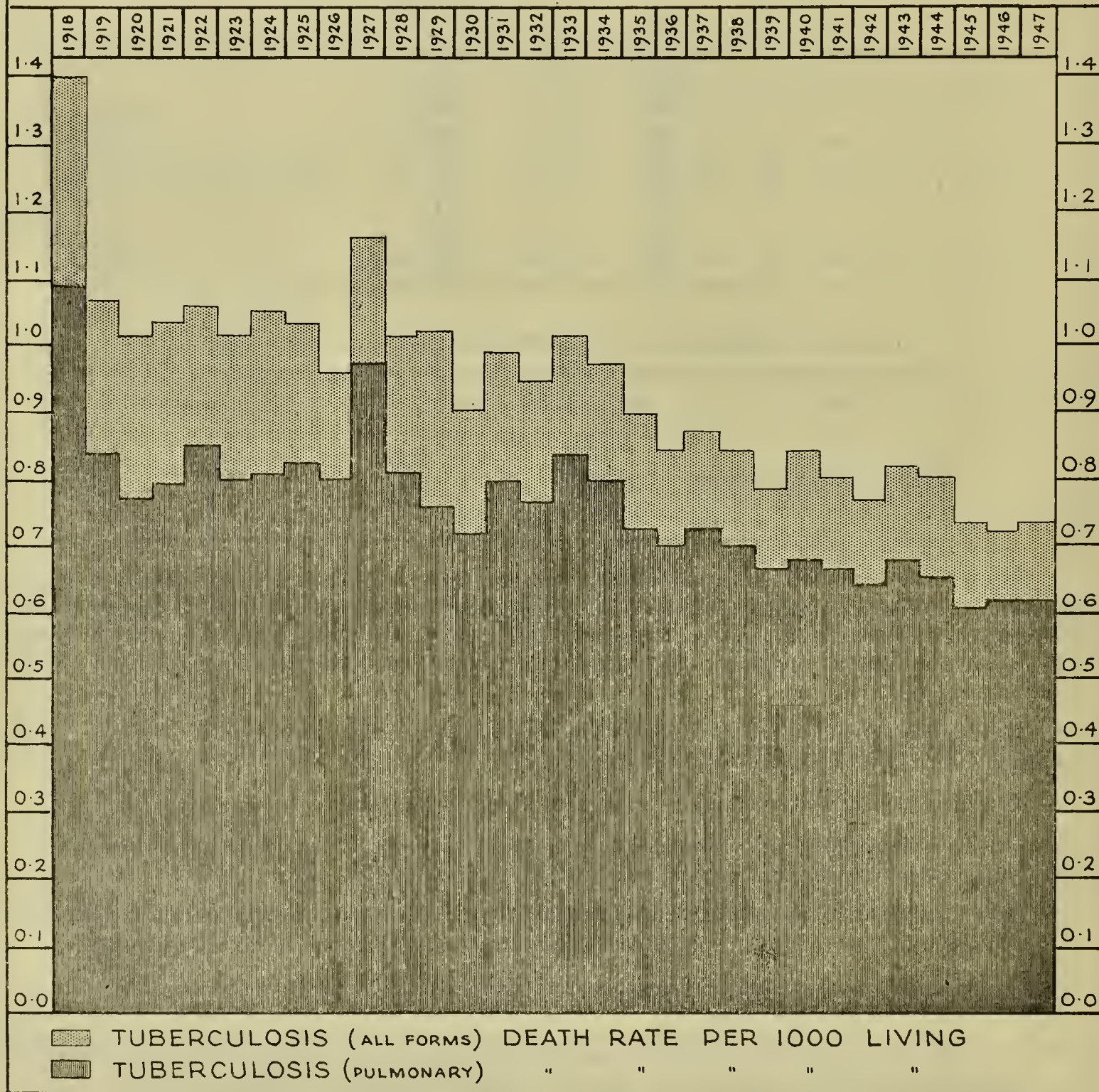
(3) The death rate of the "Rural Districts" (0.56) is approximately more closely related to that of the "Urban Districts" (0.62).

(4) Non-pulmonary tuberculosis notifications have shown a decline, but not sufficient to warrant an assumption that all that should be done is being done to affect the position.

(5) Again the death rates of pulmonary and non-pulmonary tuberculosis for England and Wales are better than those for the County.

Mass radiography work has continued and soon a second mobile unit will be operating in Wales, thus allowing greater facilities in Glamorgan.

# ADMINISTRATIVE COUNTY OF GLAMORGAN TUBERCULOSIS DEATH RATES





The Welsh National Memorial Association has improved the position reported last year that the closing down of beds owing to a severe shortage of nursing and domestic staffs had become necessary. A good response was made to the appeal to part-time nurses (married or unmarried) to come forward to do the less responsible work in the wards, so enabling trained nurses to give as much attention as possible to the genuine nursing duties. As a result certain beds were re-opened, and a catastrophe averted. This problem, however, is not solved, and the future will not be secure unless and until more is done to provide staff.

The death rates from tuberculosis since 1918 are shown on the diagram on page 42.

TREATMENT OF PULMONARY TUBERCULOSIS : (1) MEMO. 266/T ; (2) COMMITTEE'S AFTER-CARE SCHEME.

The administration of the Government's scheme which came into operation on the 1st August, 1943, was pursued during the year, and the following statistical information is of interest :—

	1943	1944	1945	1946	1947	Total.
No. of patients who applied for assistance under Memo. 266/T. ..	814	646	606	538	461	3,065
No. granted assistance since inception of scheme on 1st August, 1943	465	444	375	466	336	2,086
No. receiving allowances on 31st December .. .. .	303	380	428	428*	480*	—
No. of cases assisted by Public Assistance Committee before scheme came into operation .. .. .	150	—	—	—	—	150
No. of Public Assistance cases transferred to the scheme .. ..	16	30	20	26	22	114

\* Includes after-care cases.

Details showing reasons for cases ceasing to receive assistance :—

	1943	1944	1945	1946	1947	Total.
Recommended work .. .. .	25	124	156	162	130	597
Deceased .. .. .	17	48	51	57	42	215
Not conforming to treatment .. .. .	12	15	31	6	4	68
Left area .. .. .	2	12	12	9	8	43
Still unfit for work after receiving allowances for statutory period	31	72	89	120	96	408
Non-dependants admitted to hospital in receipt of N.H.I. ..	61	110	139	144	118	572
Other reasons .. .. .	—	—	35	42	56	133



## Payments made during 1947 :—

	Total.	Maintenance.	Discretionary.	Special.	After-care.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1st quarter—Jan.—March ..	7,685 8 2	6,883 7 11	241 12 9	162 12 8	397 14 10
2nd quarter—April—June ..	6,064 17 2	5,403 8 2	197 2 0	126 2 3	338 4 9
3rd quarter—July—Sept. ..	7,173 2 7	6,317 13 7	235 1 10	150 6 4	470 0 10
4th quarter—Oct.—Dec. ..	6,327 9 11	5,421 1 2	214 10 10	131 10 4	560 7 7
Total .. ..	27,250 17 10*	24,025 10 10	888 7 5	570 11 7	1,766 8 0

\* This compares with a total expenditure of £27,197 1s. 1d. in the year 1946.

Travelling expenses granted to enable relatives to visit patients :

Year.	Government Scheme.	After-care Scheme.
	£ s. d.	£ s. d.
1944 ..	184 3 6	7 8 4
1945 ..	210 11 5	118 13 10
1946 ..	277 9 3	181 17 3
1947 ..	345 8 9	246 9 6

The inadequacy of the scheme, which was apparently a war-time measure designed to get patients under treatment in the very early stages of the disease so that they could be treated at the proper time and rendered fit to return to employment, has been severely criticised by local authorities and the general public.

The scheme is limited in that it does not provide for the chronic pulmonary case or the patient suffering from non-pulmonary tuberculosis. This leads to refusals of assistance which are not readily understood by the patients.

The scheme provides for the payment of allowances to eligible applicants in all cases for a period of six months after completing institutional treatment and for two further periods of six months provided the requisite progress towards return to employment is made. Where no such progress is made either my department or the Tuberculosis Officer has the unenviable task of informing the patient of the reason for the withdrawal of allowances.

It is doubtful whether the scale rates are high enough to relieve the breadwinner patient of anxiety for his family whilst he is absent from work, and the rate of 25/- per week for the non-dependent member of a parents' or other relative's household, appears to be inadequate (except for an adolescent).

The Tuberculosis Officer, on whom rests the responsibility for deciding from the clinical picture whether the patient is a suitable case for assistance under the scheme, is now burdened with a great deal of additional administrative work, which includes correspondence on queries raised by local authorities.

Although the Government scheme has the limitations noted above, it has a significant value inasmuch as it concedes the point that assistance must be given to a person entering hospital if he has dependants. In addition, it assists him in making his decision to cease employment in order to undergo treatment after being diagnosed, and this leads to active treatment at an earlier stage of the disease with a consequently better chance of recovery.

An analysis of the statistics given indicates that of the total number of cases assisted since the inception of the scheme in August, 1943, who have ceased to receive assistance by the end of the year under review, 597 patients or approximately 29 per cent have been rendered fit to resume work.

Ten per cent of cases assisted have died, whilst 19 per cent have been declared as unfit for work after receiving allowances for the statutory period. 3·3 per cent of cases have become out of scope owing to their failure to conform to the treatment recommended, e.g. taking their own discharge from institutional treatment against medical advice.

The results relating to persons without dependants who ceased to receive assistance owing to their admission to hospital or sanatorium will become evident at a later stage in their treatment.

#### RE-EMPLOYMENT AFTER TREATMENT—DISABLED PERSONS (EMPLOYMENT) ACT, 1944.

The majority of persons restored to working capacity under this scheme are not fit for more than light work.

The above Act, which is administered by the Ministry of Labour and National Service, is designed to facilitate the employment of severely disabled persons who are unable to secure employment under ordinary conditions, and there is co-operation between the Ministry's officials and the tuberculosis physicians in regard to persons who have come under the scheme.

#### NATIONAL ASSISTANCE BILL.

As previously mentioned, this Bill indicates the intention to set up a central department, viz. the National Assistance Board, which will take over the responsibility of providing financial assistance to persons in need, and it is assumed that the tuberculous will in the future be dealt with by the Board.

#### AFTER-CARE.

The administration of the After-Care Scheme which came into operation on 1st August, 1944, has been continued during the year.

The scheme gives power to provide bedsteads and bedding to enable patients to sleep apart, out-door shelters, clothing, extra nourishment, assistance in obtaining alternative housing accommodation, home helps, etc. Assistance is given according to an income scale.

The provision of beds and bedding to effect segregation is at the present time hampered by the necessity for patients to obtain priority permits and dockets before they are able to purchase these articles; and it is often further hampered by the lack of sufficient housing accommodation, but it is satisfactory to note that housing authorities usually give high priority in their allocation schemes to inadequately housed families in which there is a tuberculous subject.

The arrangements for providing clothing for persons to be admitted to institutional treatment are often hindered by the lack of sufficient clothing coupons, and application has been made to the Board of Trade for additional coupons.

During the year expenditure totalling £1,766 7s. 2d. was incurred, as compared with £1,126 12s. 5d. during 1946.

Under the proposed new legislation local authorities will be unable to make cash payments to tuberculous persons, and any assistance given will be that which may be provided under Section 28 of Part III of the National Health Service Act, 1946, which deals with "Care and After-Care."



MATERNAL MORTALITY.  
PUERPERAL SEPSIS.

	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Deaths .. ..	29	17	15	15	14	14	14	19	20	5	4	—
Death-rate per 1,000 births	3.57	1.55	1.37	1.35	1.18	1.10	1.07	1.43	1.41	0.38	0.28	0.00
England and Wales—												
Death-rate per 1,000 births	1.40	0.97	0.89	0.77	0.52	0.48	0.42	0.73	0.59	0.49	0.31	0.32

OTHER MATERNAL CAUSES.

	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Deaths .. ..	35	36	50	43	37	36	32	43	31	37	29	28
Death-rate per 1,000 births	3.10	3.29	4.58	3.86	3.11	2.83	2.45	3.24	2.18	2.83	2.03	1.84
England and Wales—												
Death-rate per 1,000 births	2.41	2.26	2.19	2.16	1.64	1.75	1.59	1.56	1.34	1.30	1.12	0.85

The rates have been worked out on "live and still births" since 1943 and not on "live births" alone as previously.

The maternal mortality rates for recent years for the County are as follows :—

1944	..	3.59	per 1,000 live and still births.
1945	..	3.21	„ „
1946	..	2.31	„ „
1947	..	1.84	„ „

The maternal mortality rate for 1947 is the lowest ever recorded in the administrative County and, whilst it is not quite so low as the figure for England and Wales (1.17) it approximates fairly closely. As recently as 1934, the maternal mortality rate for the County was 8.08. This reduction is something to be proud of but not to be satisfied with. It can still be improved, and in any case, not only must "mortality" figure in improvements but "morbidity" too must be tackled with the same enthusiasm.

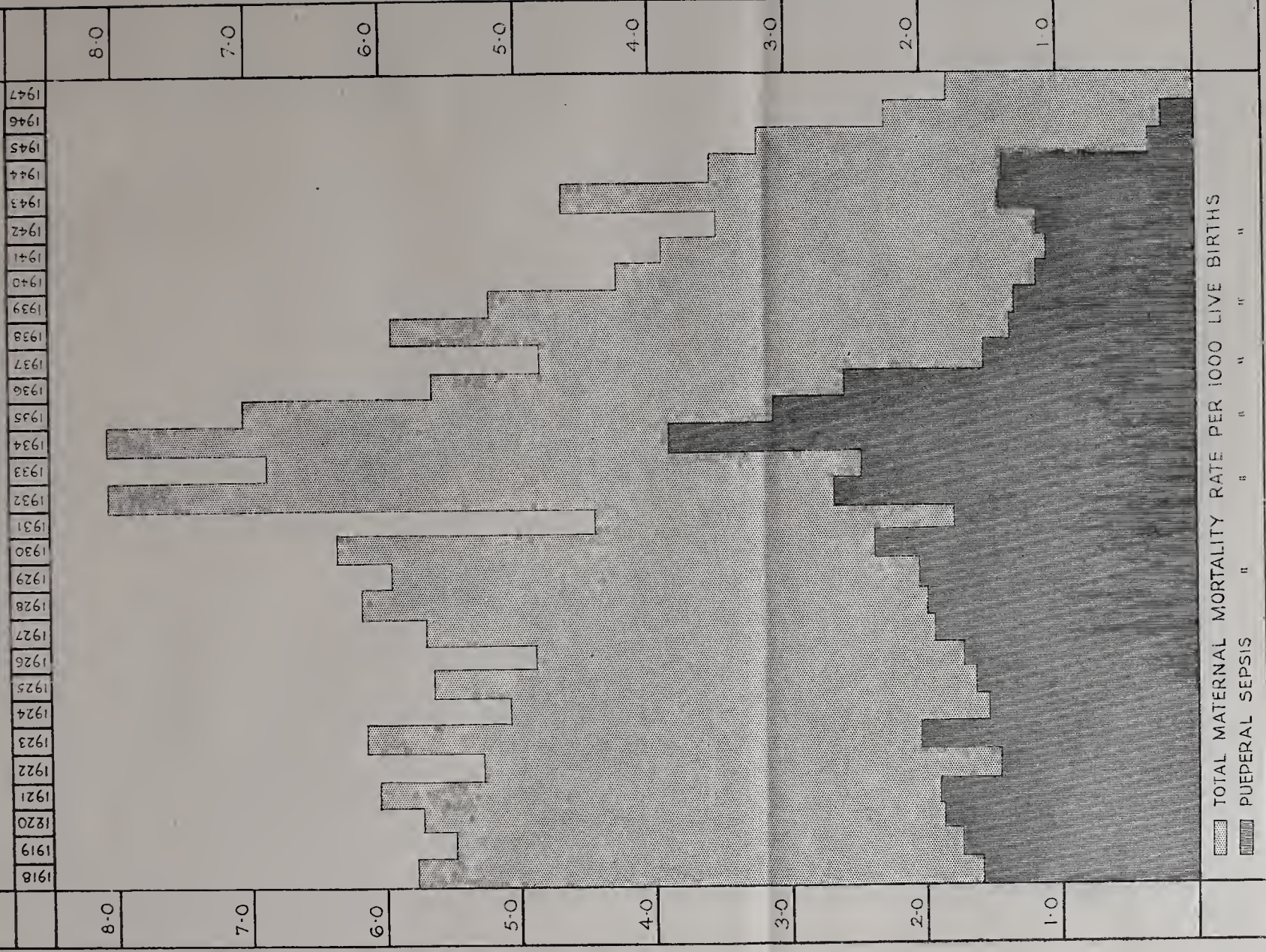
During 1947 there was not a single death from puerperal sepsis ; this result has never been achieved before. As previously pointed out, this is due in the main to better midwifery and to the great effect on the state of sepsis by the use of the newer drugs. The deaths, therefore, came from other causes than puerperal sepsis, and it is here we must make better progress. The factors in so doing are :—



- (1) A raised standard of nutrition of all mothers.
- (2) Fuller and more careful ante-natal care—including consultant care.
- (3) Increasing the awareness of expectant mothers of the value of ante-natal care.
- (4) Raising of the standard of midwifery by all practising it.
- (5) Increasing the number of maternity beds.
- (6) Improving facilities for dealing with obstetrical emergencies, including domiciliary blood transfusion, consultants, etc., where necessary.
- (7) A close co-ordination between ante-natal clinics, general practitioners, and maternity units.

The following diagram illustrates in graphic form the variations in maternal mortality since the year 1918 :—



# ADMINISTRATIVE COUNTY OF GLAMORGAN • MATERNAL MORTALITY •



 TOTAL MATERNAL MORTALITY RATE PER 1000 LIVE BIRTHS  
 PUERPERAL SEPSIS





## CANCER.

The crude death rates per 1,000 population of persons dying from cancer in the administrative County and in England and Wales are as follows :—

<i>Year.</i>		<i>Glamorgan.</i>		<i>England and Wales.</i>
1945	..	1.73	..	1.93
1946	..	1.68	..	1.85
1947	..	1.60	..	1.85

This is the second year in succession that the Glamorgan rate is lower than the previous year, and one wonders if the peak has been reached, in spite of the nation becoming an "older" nation.

The decrease in deaths is accounted for mostly by a drop in male deaths. Forty-eight less males died in 1947, as compared with 1946, whereas female deaths were less by only seven.

The following table gives a record of the number of males and females in the administrative County who died from cancer during the last ten years :—

<i>Year.</i>	<i>Males.</i>	<i>Females.</i>
1937	480	497
1938	522	478
1939	498	501
1940	517	476
1941	511	489
1942	545	535
1943	569	511
1944	583	521
1945	626	583
1946	653	541
1947	605	534

The graph at the end of this section indicates the trends over the recent years.

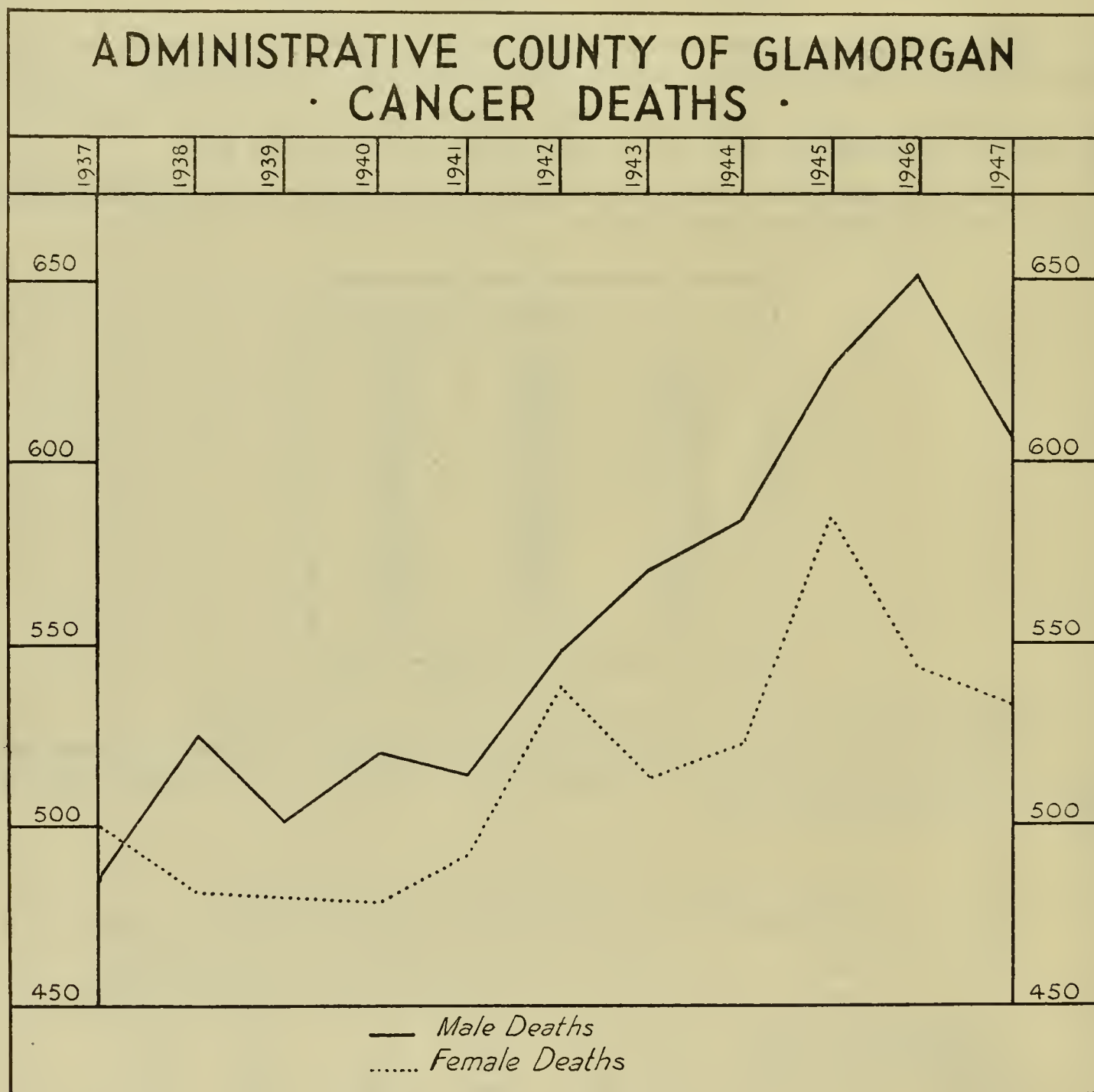
The sites of cancer occurring in persons dying of the disease shows no significant changes, except cancer of the lung, which appears to be increasing in males. Deaths from cancer outnumber deaths from tuberculosis by more than two to one.

## SITES OF CANCER IN PERSONS DYING FROM THE DISEASE.

<i>Site.</i>	<i>1943.</i>	<i>1944.</i>	<i>1945.</i>	<i>1946.</i>	<i>1947.</i>
Buccal Cavity	123	136	140	126	106
Oesophagus and Uterus					
Stomach and Duodenum ..					
Breast .. ..	90	88	97	99	107
Other Sites .. ..	572	603	691	674	642
Total .. ..	1,080	1,104	1,209	1,194	1,139



*Cancer Act.* The machinery set up in the South Wales region, viz. the Joint Cancer Committee, of which Glamorgan is a constituent member, proceeded to operate. A chief Radiotherapist was appointed and after he took up duties, the Medical Advisory Committee placed many essential proposals before the Joint Committee, which were accepted. Much of the work was planning, but also much actual improvement in cancer work was accomplished. The Regional Hospital Board have been given a good start by the work of the Joint Cancer Committee.



## SANITARY CIRCUMSTANCES OF THE AREA.

## PREVENTION OF POLLUTION OF RIVERS AND STREAMS.

The rivers of Glamorgan show gross evidence of pollution and are some of the scars of industrialism.

Many rivers are black with coal products, many have sewage discharged into them without effective treatment. In some areas the sewage treatment plant is hopelessly inadequate to deal with the present-day population and has become almost worthless from the point of view of dealing efficiently with heavy volumes of sewage.

The problem is almost insoluble at the moment and one seriously doubts if, with present statutory powers, one can handle the present position. The cost would be very high, if only that involved in dealing with sewage. It seems that in most cases the best method of dealing with the problem would be joint action to build sewers running from the tops of the valleys down to the sea. This would be at great cost but would be worth it and the avoidance of maintaining costly treatment plants is something to be considered. The war upset many plans for the reconstruction of several sewage works. The solution may be assisted, too, by the setting up of river boards having complete jurisdiction over the whole length of the rivers.

(a) *Visits of inspection.*

The visits paid during the year were as follows:—

Sewage disposal works	..	..	175
River water samples	..	..	37
Industrial	..	..	92
Total	..	..	304

(b) *Analysis of samples.*

Sewage effluents	..	..	..	174
------------------	----	----	----	-----

Character of Crude Sewage.	Character of Effluent after Purification.		
	Efficient.	Fairly Efficient.	Inefficient.
Strong .. ..	4	2	12
Moderate .. ..	12	9	15
Weak .. ..	78	23	19

The results of all effluent analyses are reported to the district medical officers of health concerned.

## SAMPLING AND VISITS IN RELATION TO MILK PRODUCTION.

Visits made to Tuberculin-tested farms	..	..	..	..	..	617
Visits made to Accredited farms	..	..	..	..	..	1,122
Total number of milk samples taken	..	..	..	..	..	702
Samples of milk taken under Regulation 55G	..	..	..	..	..	167

## WATER SUPPLIES.

Bacteriological examinations on behalf of district councils and County Council	1,294
Chemical examinations on behalf of district councils and County Council	.. 497

## GENERAL REMARKS.

The year 1947 has been a year of preparation. Proposals had to be formulated under certain sections of the National Health Service Act, 1946, and placed before the Minister. These proposals were considered in great detail before submission, and the modifications suggested by the Minister were few and mainly related to terminology. In addition, consideration was given to the forms of administration possible, and it was decided that a form of divisional administration should be operated.

A conference was held to discuss this with district councils and, eventually, finality was arrived at and an administrative scheme accepted.

It was a year during which a low record for maternal mortality was reached. In addition, the lowest number of notifications of diphtheria was noted, and also the least number of deaths from this disease was recorded.

It was a year of the highest number of notifications of anterior poliomyelitis (infantile paralysis). Never before has the incidence of this disease been so great in the County or in the country. It is to be hoped that this is not significant as to future proportions of similar visitations.

The County Hospitals did a great job of work, as did the County Midwifery Service.

This report marks the end of a chapter and great changes are about to happen. The Council can have pride in their past achievements and will, it is sincerely hoped, win a high place in the public health world of the future.

### CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1947.

Causes of Death.	0-1 year		1-5 years		5-15 years		15-45 years		45-65 years		65 years and upward		All ages		Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever .. ..	3	—	—	2	—	—	1	—	1	—	—	—	5	2	7
Scarlet Fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough .. .. .	2	10	5	4	—	—	—	—	—	—	—	—	7	14	21
Diphtheria .. .. .	—	—	—	2	3	2	—	—	—	—	—	—	3	4	7
Tuberculosis of respiratory system	—	1	1	2	—	5	116	158	94	23	24	8	235	197	432
Other Forms of Tuberculosis ..	2	3	11	9	4	6	19	17	4	5	2	1	42	41	83
Syphilitic Diseases .. ..	—	—	—	—	—	—	3	1	8	3	5	1	16	5	21
Influenza .. .. .	3	5	—	2	—	1	3	7	16	12	21	17	43	44	87
Measles .. .. .	4	3	5	3	1	—	—	—	—	—	—	—	10	6	16
Ac. Polio-myel. and Polio-enceph.	—	—	—	—	1	—	3	—	—	—	—	—	4	—	4
Acute Inf. Encephalitis .. ..	—	—	—	—	—	1	1	2	2	—	1	—	4	3	7
Cancer of Buc. Cav. and Oesoph	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(M) Uterus (F) .. .. .	—	—	—	—	—	—	2	8	13	28	37	18	52	54	106
Cancer of Stomach and Duodenum	—	—	—	—	—	—	10	3	68	31	84	88	162	122	284
Cancer of Breast .. .. .	—	—	—	—	—	—	—	23	—	45	—	39	—	107	107
Cancer of all other sites .. ..	—	—	—	1	3	2	22	18	149	107	217	123	391	251	642
Diabetes .. .. .	—	—	—	—	—	—	1	—	6	21	14	31	21	52	73
Intra-Cranial Vascular Lesions ..	2	1	—	1	—	—	12	17	120	120	341	412	475	551	1,026
Heart Disease .. .. .	—	—	1	—	1	2	55	46	349	225	933	800	1,339	1,073	2,412
Other Diseases of Circ. System ..	—	—	1	1	—	—	4	1	31	16	102	74	138	92	230
Bronchitis .. .. .	20	17	3	2	1	1	16	11	153	43	311	164	504	238	742
Pneumonia .. .. .	66	51	12	5	3	—	15	11	50	21	58	59	204	147	351
Other Respiratory Diseases .. ..	1	1	1	2	1	—	19	9	132	15	76	10	230	37	267
Ulcer of Stomach or Duodenum ..	—	—	—	—	—	—	14	—	20	7	14	7	48	14	62
Diarrhoea, under two years .. ..	50	36	2	—	—	—	—	—	—	—	—	—	52	36	88
Appendicitis .. .. .	—	—	1	2	2	5	7	—	5	1	4	3	19	11	30
Other Digestive Diseases .. ..	9	4	3	1	4	1	8	6	25	34	36	42	85	88	173
Nephritis .. .. .	—	1	1	1	—	2	18	20	42	31	76	56	137	111	248
Puerperal and Post-Abort: Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Maternal Causes .. .. .	—	—	—	—	—	—	—	26	—	2	—	—	—	28	28
Premature Birth .. .. .	115	72	—	—	—	—	—	—	—	—	—	—	115	72	187
Con. Mal. Birth Inj. Infant Dis. ..	108	83	4	6	—	1	2	4	2	2	1	—	117	96	213
Suicide .. .. .	—	—	—	—	—	—	10	4	15	10	13	—	38	14	52
Road Traffic Accidents .. .. .	—	—	3	2	12	—	15	1	11	3	4	7	45	13	58
Other Violent Causes .. .. .	11	10	10	6	5	3	74	6	59	8	26	43	185	76	261
All Other Causes .. .. .	37	21	5	5	11	9	49	49	69	58	351	323	522	465	987
All Causes .. .. .	433	319	69	59	52	41	499	448	1,444	871	2,751	2,326	5,248	4,064	9,312



## CARE OF MOTHERS AND YOUNG CHILDREN.

## PART I.

(i) Total mid-1946 population .. .. .	710,160
(ii) Total mid-1946 number of children under 5 years of age ..	58,960
(iii) Number of registered live births (legitimate or illegitimate)—	
(a) 1945 ..	12,643
(b) 1946 ..	13,799

The Councils of the County Districts within the area are responsible, as Welfare Authorities, for the administration of the Maternity and Child Welfare Services now operating within their respective districts. For most of the districts the County Council has provided through its School Health Service organisation, facilities for the orthopaedic treatment of children of pre-school age and for the dental treatment of expectant and nursing mothers and young children.

At each County hospital, arrangements are in existence for the reception of maternity cases referred for admission by the Welfare Authorities of the areas served by the hospital.

\* Appendix 1 to these proposals shows certain statistical and other data relating to the existing Maternity and Child Welfare Services undertaken by each County district.

## PART II.

DESCRIPTION OF THE SERVICE WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY.

(1) The Local Health Committee has appointed a Nursing Services Sub-Committee whose functions *inter alia* will include the preparation of proposals for the care of mothers and young children and the central control of this Service.

Nine Health Divisions will be created by the appointed day and the day-to-day administration of the Service will be a function of the Divisional Health Sub-Committees to be set up as Sub-Committees of the Local Health Authority. Each Health Division will have a Divisional Medical Officer, who will be a member of the staff of the County Medical Officer and be provided with adequate professional, technical, and administrative and other staff, whether whole-time or part-time, to meet the general need of the Health Division.

\* Omitted.

(2) Arrangements with the Carmarthenshire County Council are contemplated in respect of maternity home accommodation for unmarried mothers.

(3) Divisional Sub-Committees will be asked to set up Nursing Sub-Committees on which voluntary bodies may be co-opted, provided that a majority of the members of such Sub-Committees shall be members of the Divisional Sub-Committee.

Opportunity will be given to selected Medical Officers employed by the Council for the purpose of these proposals to acquire the necessary experience to enable them to enter full obstetrical practice or to specialise in child welfare work and, as soon as it is practicable to do so, discussions will be commenced with the Regional Hospital Board regarding the joint appointments of medical staff by the Local Health Authority and the Regional Hospital Board.

Liaison will be secured with the Regional Hospital Board in the provision of specialist treatment services and other hospital provision for confinements.

It will be necessary to make arrangements with full-time medical officers of the Regional Hospital Board and, if sufficient service cannot be given by these officers, arrangements will be made by contracting with consultants to serve ante-natal, post-natal, and paediatric clinics at the Authority's expense.

It is hoped to arrange with the Regional Hospital Board the relationship between hospitals and local authority clinics, including details relating to admission of emergency and other cases to hospital.

#### **B. Particular arrangements which it is proposed to operate on the Appointed Day.**

(1) Particulars are given in detail in Appendix 2\* to these proposals of services to be operated on the appointed day.

#### **(2) Care of Premature Infants.**

For premature infants not transferred to a paediatric hospital unit, all facilities will be provided by the Local Health Authority to assist in their survival. Special care will be given by midwives and health visitors and a paediatrician's advice will be available to the general practitioner. Equipment, such as incubators, draught-proof cots with washable linings, warm clothing, etc., will be maintained at the Divisional Home Nursing Equipment Depots and will be provided on loan by the Local Health Committee.

Home helps will be brought in to help the household if this is found to be necessary.

The Regional Hospital Board will be requested to arrange to notify the discharge from hospital of any premature infant to the Local Health Authority so that immediate follow-up attention and advice may be given in the home.

If the Regional Hospital Board has milk banks organised, breast milk would be supplied to premature infants nursed at home. If a premature infant has to be moved to hospital, the County Ambulance Service would provide the transport, and in such cases oxygen and a warmed carrier would be made available.

#### **(3) Dental Care.**

An expansion of the Authority's dental services is proposed with an emphasis on conservative treatment. It will be difficult to implement this service effectively for some time owing to staff shortages. Already the School Dental Service is utilised to treat maternity and child welfare patients for most of the maternity and child welfare authorities, and it is intended to integrate all Local Health Authority dental work in one service.

\* Omitted.

Dentures will be provided and repaired.

The dental proposals are :—

- (i) (a) Expectant and nursing mothers will be given dental treatment at clinics already available and in such additional clinics as may be found to be essential. Expectant mothers will be referred to dental clinics for preliminary dental examination after their first attendance at an ante-natal clinic.  
Arrangements will be made for any assistance required by dental officers, including X-ray facilities.
- (b) Young children will be referred from the child welfare service to dental clinics for examination and treatment when necessary.
- (ii) The number of dentists will need to be increased considerably and it is thought on the appointed day that the maximum number of full-time dentists giving part-time service to Maternity and Child Welfare work will be 24, but every effort will be made to find extra staff for that date. In addition, provision is made in the development plan for the full needs of the service. The immediate development proposals should be the appointment of at least one full-time dentist or his equivalent in each division.
- (iii) The number of dental treatment centres at which treatment will be available for Maternity and Child Welfare patients on the appointed day will be 48 at least. It will not be possible until more dental staff is available to arrange special sessions for mothers and young children.
- (iv) Dentures will be provided and, for this purpose, on the appointed day the present arrangement with private dental laboratories will continue and a repair system for dentures will be similarly arranged.

#### **(4) Supply of Welfare Foods.**

At the present time there are different types of foods provided in infant welfare clinics.

Certain foods are provided nationally by the Ministry of Food, such as national dried milk and orange juice (at a cost), cod liver oil, and vitamin tablets (free of cost).

In addition, the welfare authorities have varying schemes of providing certain extra foods, such as Roboleine, Parish's Food, proprietary milks, iron tablets, etc. Some authorities provide foods free of cost to some patients and at cost price to others.

National welfare foods are obtainable in clinics in some areas, in food offices in other areas, and the W.V.S. also assist in distributing such foods. Free national dried milk is available under certain conditions. Other proprietary foods will continue to be provided.

#### **(5) Provision of Maternity Outfits.**

These are already provided via the domiciliary midwifery service and that arrangement will be continued.

#### **(6) Nursery Provision.**

##### **(a) Day Nurseries.**

The Day Nursery at Penarth will be preserved on the appointed day and others, if needed, will be provided under the development plan.



*(b) Residential Nurseries.*

There is none provided at present under the Public Health Act, 1936.

*(c) Other forms of provision for Care of Children during day-time.*

It is not proposed, on the appointed day, to have any other provision than that already available, if any.

**(7) Care of Unmarried Mothers and their Children.**

On the appointed day it is suggested that health visitors act in relation to advice, etc., required by these mothers, each case being carefully reported upon to the Divisional Medical Officer.

It is proposed to make arrangements with the Carmarthenshire County Council for places in their home for unmarried mothers.

The Salvation Army Home at "Northlands," North Road, Cardiff, is used substantially at present for Glamorgan patients and patients from the County area are also admitted to the Nantyderry Home at Goytre, Abergavenny. It is proposed to arrange for the continuation of this service.

**PART III.****DEVELOPMENT PLAN.****(1) Premises.**

Nearly all over the County Maternity and Child Welfare clinics are held in buildings not suitable for the purpose. While it is appreciated that for early development nothing much can be done in this matter, where necessary, new clinic premises, either separate or in Health Centres as the case may be, will be provided as part of the Authority's long-term development plan.

**(2) Ante-natal and Post-natal Clinics.**

Additional sessions will be arranged as shown in Appendix 2.\*

It is hoped to arrange with the Regional Hospital Board for a linking of the clinics, both mothers' and children's clinics, to certain hospitals so that the same consultants may deal with patients in clinics and in hospitals. Practitioner-obstetricians may in time be utilised for conducting ante-natal clinics and this course will be followed if and when it is thought advantageous so to do.

Ante-natal, post-natal, and infant welfare clinics will be extended if found to be necessary so as to cover the County adequately.

**(3) Dental Care.**

For future development a further increase of dental staff will be necessary. It is difficult to estimate accurately what the ultimate position will be, but for the purposes of the proposals under long-term development the equivalent of  $1\frac{1}{2}$  whole-time dentists per division to deal with the dental care of mothers and young children will be provided.

Denture provision will be an important part of the dental scheme and consideration will be given later to the provision of a prosthetic laboratory and the appointment of dental mechanics.

**(4) Nursery Provision.***(a) Day Nurseries.*

Day nurseries will be provided where a need can be demonstrated in areas where there are enough mothers in work desiring the services of a day nursery for their infants.

\* Omitted.

(b) *Residential Nurseries.*

In the event of need being shown provision will be made of residential nurseries for children temporarily deprived of normal home life.

(c) *Other forms of provision for Care of Children during day-time.*

When the need becomes apparent creches provision will be established in Infant Welfare Centres so as to permit mothers to do shopping or other important duties.

(5) **Care of Unmarried Mothers and their Children.**

Mothers' and babies' homes will be provided in the Authority's area if necessary.

(6) **Provision for Prevention of Disease.**

With the Minister's consent the Authority proposes to provide accommodation in hostels or otherwise for mother or child or both where rest, good nourishment and care will assist in warding off impending or likely breakdown in health.

## APPENDIX.

## NATIONAL HEALTH SERVICE ACT, 1946.

## MIDWIVES SERVICE.

Proposals of the Glamorgan County Council for carrying out Duties under Section 23  
of the National Health Service Act, 1946.

## PART I.

## STATISTICAL DATA.

Total number of domiciliary births in the Administrative County of Glamorgan (including the Aberdare and Rhondda Urban Districts) during :—

(a) 1945 = 8,721.  
and (b) 1946 = 9,211.

## EXISTING SERVICE.

The Glamorgan County Council by virtue of its powers under the Midwives Act, 1936, provided a Domiciliary Midwifery Service for the area of the Administrative County (excluding the Urban Districts of Aberdare and Rhondda) by itself employing whole-time salaried midwives and by arrangements for domiciliary midwifery work to be carried out in certain areas of the County by midwives employed by the Glamorgan County Nursing Association. The areas so served at present by arrangement with the Glamorgan County Nursing Association are as follows :—

St. Fagans and Peterston-super-Ely.	Laleston.
Rhose and Aberthaw.	Penclawdd.
Pentyrch.	Pontyclun.
Llantwit Major.	St. Brides Major.
Neath (three midwives).	Reynoldston (two midwives).

The number of whole-time salaried midwives at present employed by the County Council, together with those employed by the Urban District Councils of Aberdare and Rhondda and midwives in the employ of the nursing associations which are subsidised by the County Council are shown in column 2 of the appendix to these proposals.

## PART II.

## DESCRIPTION OF SERVICES WHICH WILL OPERATE ON THE APPOINTED DAY.

## A. GENERAL ADMINISTRATIVE ARRANGEMENTS.

1 The Local Health Authority will, by a combination of its present domiciliary midwifery service with the services at present operated by the Urban Districts of Aberdare and Rhondda and by itself employing midwives to serve the areas now covered by the Glamorgan County Nursing Association, provide, in so far as the availability of midwives will allow, an adequate midwifery service for its area.



2 The Local Health Authority has, through its Health Committee, set up a Nursing Services Sub-Committee which will *inter alia* control the Domiciliary Midwifery Service. The day-to-day administration of the Service will be a function of the Divisional Health Sub-Committees in each of the nine Health Divisions to be established within the County. The local health committee will act as the local supervisory authority for the purposes of the Midwives Acts, 1902-1936, in so far as these Acts relate to the conduct of midwives.

3 The local health authority will, on the appointed day, employ a total of 171 whole-time midwives, and the areas in which they will be engaged are as set out in column 2 of the appendix to these proposals.

The Authority does not propose to appoint permanent part-time midwives, but arrangements may be made with midwives in independent practice to undertake relief work as and when required.

4 The Authority does not propose to continue after the appointed day the existing arrangements with the Glamorgan County Nursing Association for the provision of domiciliary midwifery service in certain areas of the Administrative County, but domiciliary midwives in the employ of district nursing associations within the County will be offered appointments in the County Service.

5 Joint arrangements with neighbouring local health authorities will be entered into where necessary on reciprocal or financial terms by the Authority.

6 The Authority will continue its existing arrangements whereby pupil midwives are trained for Part II of the Midwifery Training Course in conjunction with the domiciliary service in the Neath Area.

#### B. ARRANGEMENTS FOR THE SUPERVISION OF MIDWIVES.

The Authority will employ a Non-Medical County Supervisor of Midwives who will be on the central staff of the County Medical Officer and be responsible to him for the supervision of the service.

The Divisional Medical Officers will be responsible for the service in the Health Divisions, and they will each be assisted by a Non-Medical Supervisor of Midwives, who will be responsible in addition for the supervision of the Home Nursing and Domestic Help Services within the Division to which they are appointed.

#### C. TRANSPORT.

The present arrangement for the transport of midwives to cases, i.e. by public service vehicles, hiring of private cars in emergencies, and the use of pedal cycles, will be continued on the appointed day. A car allowance will be granted to midwives using their own cars on the authority of the Health Committee.

The County Ambulance Service to be established under Section 27 of the Act will also be used, when available, for the transport of midwives.

#### D. GAS AND AIR ANALGESIA.

The Authority has adopted a scheme for the administration of gas and air analgesia to cover the whole of its area and, on the appointed day, will put the scheme into operation as and where it can be implemented, having regard to the number of midwives who are then trained in its administration :—

Briefly the scheme is as follows :

(a) That gas and air analgesia be available in the home to all suitable cases.

(b) That gas and air machines be made available in sufficient number for the purpose of (a) above.

(c) That the County midwives be trained in the administration of gas and air analgesia.

(d) Medical certificates in respect of the suitability of the patient to receive gas and air analgesia be accepted from a private practitioner or provided in ante-natal clinics free of charge.

(e) The "second person" required by Central Midwives Board rules be selected by the midwife concerned, provided this person is acceptable to the patient.

(f) Transport of the apparatus be arranged where necessary.

### PART III. DEVELOPMENT PLAN.

1 The final establishment of midwives required to ensure that the whole area is adequately covered by the domiciliary midwifery service is shown in column 3 of the appendix to these proposals, and these officers will be appointed by the Authority as and when their services become available.

2 Forty-four County midwives have already been trained in the administration of gas and air analgesia and as and when the remaining midwives receive the necessary training, which is provided at the Authority's hospital at Neath, the gas and air analgesia service will be extended to cover the whole area of the Health Authority. The Council will consider making use of any new method of inducing analgesia which may be developed and approved.

3 The Authority will, when possible, arrange postgraduate courses for its midwives so as to maintain the service at a high level of efficiency.

4 The Authority is aware of the difficulty of housing midwives in certain areas and will actively pursue appropriate measures to remedy this position.

#### Appendix.

##### COUNTY MIDWIFERY SERVICE—SUMMARY.

<i>Health Division.</i>	<i>No. of Midwives at present engaged in Domiciliary Midwifery Service.</i>	<i>Final Establishment of Midwives in suggested Development Plan.</i>	<i>No. of Midwives included in Col. (3) who will hold combined Midwifery and General Nursing Posts.</i>	<i>Remarks.</i>
1.	2.	3.	4.	5.
Aberdare and Mountain Ash ..	14	14	—	
Caerphilly and Gelligaer ..	22	22	—	
Mid-Glamorgan ..	25	25	3	
Neath ..	13	13	—	
Pontypridd and Llantrisant ..	18	18	1	
Port Talbot and Glyncoirwg ..	12	12	—	
West Glamorgan ..	18	18	3	
South-East Glamorgan ..	22	26	10	
Rhondda ..	27	27	—	Include three sister midwives.
Total ..	171	175	17	

In addition to the number of midwives shown in Col. (2) as being at present engaged in the Domiciliary Midwifery Service, there are 56 midwives in independent practice in the County area.

*Supervisors.* In addition to the number of midwives shown above there should be one County Non-Medical Supervisor on the central staff of the County Medical Officer, and one Assistant Non-medical Supervisor on the staff of each Division. The Assistant Supervisors would act as Divisional Supervisors of Domiciliary Midwives, Domiciliary Nurses and Home Helps.



**APPENDIX A.****NATIONAL HEALTH SERVICE ACT, 1946.****HEALTH VISITING.****Proposals of the Glamorgan County Council for carrying out duties under Section 24 of the National Health Service Act, 1946.****PART I.****(a) Statistical Data.**

(i) Area of Administrative County	..	..	..	733 square miles.
(ii) Total mid-1946 population	..	..	..	710,160.
(iii) Number of births in 1946	..	..	..	13,799.

**(b) Existing Services.**

Health Visiting is at present undertaken solely by officers in the direct employ of the Councils of the respective County Districts, who, being Local Authorities under the Notification of Births Act, 1907, are responsible for Maternity and Child Welfare work under the Maternity and Child Welfare Act, 1918.

The Health Visiting Service is generally under the control of the Maternity and Child Welfare Committee of each County District and each District Medical Officer of Health is responsible to his Council for the arrangements for health visiting in his district.

In most districts there is an officer, who is regarded as the Senior Health Visitor, the extent of her responsibility varying with the size of the district and the number of Health Visitors employed.

The total number of Health Visitors employed by the existing Welfare Authorities is equivalent to 75 whole-time officers.

**PART II.****DESCRIPTION OF SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.****General Administrative Arrangements.**

(1) The Glamorgan County Council as the Local Health Authority will provide a Health Visiting Service in its area.

(2) The County Medical Officer will be the Administrative Officer in control of the Service which will operate in the nine Health Divisions to be established, each in charge of a Divisional Medical Officer, for the purpose of the performance of the day-to-day functions of this and other Services which the Local Health Authority has decided to operate under its scheme of decentralised administration.

On the Headquarters' Staff of the County Medical Officer of Health there is already a County Superintendent Health Visitor and School Nurse, whose services will be utilised as such in the wider field of health visiting activities for which the County Council will become responsible on the appointed day.

In each Division it is proposed to appoint a Senior Health Visitor and School Nurse, who will undertake such health visiting and school nursing functions as may be assigned to her by the Divisional Medical Officer and, in addition, act as liaison officer between her colleagues in the School Nursing and Health Visiting Services of the Division and the Divisional Medical Officer.



The number of whole-time and part-time Health Visitors to be employed is shown in the Appendix to these proposals, from which it will be seen that the total number expressed in terms of full-time officers will be 84 as a result of immediate development.

The Authority has had no opportunity of assessing the adequacy of the co-ordinated Service which will become available on the appointed day, but with the extended Health Visiting obligations laid down under Section 24 of the National Health Service Act it is likely that a considerable increase of health visiting staff may be necessary.

(3) It is estimated that on the appointed day the equivalent of 75 whole-time Health Visitors in the employ of the County District Councils within the County will be transferred to the service of the County Council and these officers, together with the 19 qualified Health Visitors now in the employ of the Glamorgan Education Committee and used mainly for the purpose of work in the School Health Service, will form the nucleus of a co-ordinated Health Visiting Service.

(4) The general arrangements of the County Council regarding the use of motor cars by officers in their employ will apply.

At present it is not proposed to provide cars for Health Visitors, but car allowances on the County scale will be made to officers where it would be advantageous to the Service so to do. Each case would be judged on its merit, and would be brought before the appropriate Committee for approval.

(5) At the present time the Authority does not propose to make any arrangements with voluntary organisations for the provision of any part of the Health Visiting Service.

(6) It is not considered necessary to make any joint arrangement for health visiting with any other Local Health Authority.

### **PART III. DEVELOPMENT PLAN.**

The aim of the Authority will be to rationalise the work of their fully-qualified Health Visitors so as to make the duties full, varied, and economical. These duties will not include actual nursing, but will be mainly in respect of health education and guidance to the people in the means of carrying out the medical advice given to them.

The definite widening of the previous conception of Health Visiting will make it obligatory for the Local Health Authority to provide health visiting of persons in their homes for the purpose of giving "advice as to the care of young children, persons suffering from illness, and expectant or nursing mothers and as to the measures necessary to prevent the spread of infection." This will increase the duties of health visitors to give guidance in all forms of illness, including infectious disease. In addition, as part of the Authority's proposals under Section 28 of the Act, it is hoped to follow up and advise patients discharged from hospitals. To bring the new Service to its fullest capacity a substantial increase of health visitors will be necessary, but owing to shortages of health visitors the establishment necessary is not likely to be reached for many years.

The Authority's long-term development proposals involve the appointment of 116 whole-time health visitors as shown in the Appendix to these proposals, and have been based on a standard of one Health Visitor for approximately 500 children under the age of 5 years. This may not be a high enough standard to meet all the new obligations, but it will probably be sufficient for some years to come in view of the difficulties of obtaining qualified staff. The standard does not involve school health service work, but in reality the school nursing service has in its establishment many who are qualified as health visitors and these will be integrated with the Maternity and Child Welfare Health Visitors to bring about the rationalisation which is considered necessary.

## APPENDIX.

TABLE SHOWING THE NUMBERS OF HEALTH VISITORS.

(1) As on the "Appointed Day."

(2) As a result of immediate development.

(3) As a result of the proposed future development.

Health Division.	Constituent Districts.	Number of Health Visitors.		As a result of the proposed future development.	
		On the Appointed Day.	As a result of immediate development.	No. of Health Visitors.	Average No. of children under 5 years of age per Health Visitor.
		Total.			
Aberdare and Mountain Ash	Aberdare Urban .. ..	5			
	Mountain Ash Urban .. ..	3	8	11	506
Caerphilly and Gelligaer	Caerphilly Urban .. ..	4			
	Gelligaer Urban .. ..	4	8	13	495
Mid-Glamorgan	Bridgend Urban .. ..	2			
	Maesteg Urban .. ..	2			
	Ogmore and Garw Urban .. ..	3			
	Porthcawl Urban .. ..	1			
	Penybont Rural .. ..	5	13	14	523
Neath and District	Neath Borough .. ..	3			
	Neath Rural .. ..	4	7	11	483
Pontypridd and Llantrisant	Llantrisant and Llantwit Fardre Rural .. ..	4			
	Pontypridd Urban .. ..	4	8	13	518
Port Talbot and Glyncoirwg	Glyncoirwg Urban .. ..	1			
	Port Talbot Borough .. ..	3	4	9	477
West Glamorgan	Gower Rural .. ..	1			
	Llwchwr Urban .. ..	2			
	Pontardawe Rural .. ..	1	4	11	493
South-East Glamorgan	Barry Borough .. ..	5			
	Cardiff Rural .. ..	3			
	Cowbridge Borough .. ..	1			
	Cowbridge Rural .. ..				
	Penarth Urban .. ..	2	11	17	524
Rhondda	Rhondda Urban .. ..	12*	12*	17*	528
	TOTALS .. ..	75	75	116	508

\* Expressed as equivalent number of whole-time officers.

In addition, there will be one County Superintendent Health Visitor and School Nurse on the Central Staff of the County Medical Officer.

## APPENDIX.

## NATIONAL HEALTH SERVICE ACT, 1946.

## HOME NURSING.

## Proposals of the Glamorgan County Council for carrying out Duties under Section 25 of the National Health Service Act, 1946.

## PART I.

## STATISTICAL DATA.

1. Area of Administrative County	..	733 square miles.
2. Total mid-1946 population	.. ..	710,160.

## PART II.

## DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

## A. GENERAL ADMINISTRATIVE ARRANGEMENTS.

1 The Glamorgan County Council as the Local Health Authority will provide a Home Nursing Service in its area.

2 Policy and financial control of this Service will be retained by the Health Committee of the Authority, but its day-to-day administration will be a function of the Divisional Sub-Committees to be set up in accordance with the Authority's general scheme of administration.

3 The Authority will appoint a County Superintendent of Home Nursing, who will work under the general directions of the County Medical Officer of Health.

4 The Authority will appoint in each of the nine Health Divisions a non-medical supervisor who will, under the general direction of the Divisional Medical Officer, be responsible for the supervision of the Home Nursing Service in addition to supervisory duties in respect of the Midwifery and Domestic Help Services.

5 In the Appendix\* to these proposals is set out the number of whole-time Nurses, i.e. 98 available at present in the employ of voluntary organisations in the area (see column 2) and which the Authority is prepared to employ as officers of the County Council if the services of these officers are available to the Authority on the appointed day.

6 On grounds of economy the Authority proposes to employ in certain rural areas midwives who are also general trained nurses to undertake Home Nursing duties in addition to their midwifery duties.

\* Omitted.



7 The Authority will utilise the services of part-time Nurses when they are available, particularly for short or long periods of relief duty.

8 The Authority will itself administer the Home Nursing Service and no arrangements will therefore be made with voluntary organisations. The pension rights of Nurses agreeing to transfer from voluntary organisations will be safeguarded in so far as it is in the power of the Authority so to do.

9 The area covered by certain Nurses under the existing arrangements extends beyond the boundary of the Administrative County and the Authority will, if at all possible, continue these arrangements, subject to such financial terms as may be agreed between the Authorities concerned.

#### B. TRANSPORT.

The Authority will, where possible, continue on the Appointed Day the means of transport at present used by domiciliary nurses in the employ of existing voluntary organisations where such facilities are considered by the Authority to be adequate to meet the needs of the Service.

#### C. HOUSING.

Owing to the housing position, no change in the housing of domiciliary nurses is anticipated on the Appointed Day.

---

### PART III.

#### DEVELOPMENT PLAN.

The Authority is cognizant of the fact that in some areas of the County the number of Nurses at present employed by Nursing Associations is insufficient to provide an adequate service and that in certain areas no service is provided. It is the intention of the Authority, therefore, to appoint sufficient Nurses, as and when suitably qualified women become available.

**APPENDIX.****NATIONAL HEALTH SERVICE ACT, 1946.**

---

**HEALTH SERVICES TO BE PROVIDED BY LOCAL HEALTH AUTHORITIES  
UNDER PART III OF THE ACT.**

---

**Proposals of Glamorgan County Council for carrying out duties under Section 26  
(Vaccination and Immunisation) of the National Health Service Act, 1946.**

---

**PART I.****STATISTICAL DATA.**

Statistical data in the form specified in the Welsh Board of Health Circular 66/47 (Wales) (Appendix A, Part I) is given in the attached schedule.

**PART II.****DIPHTHERIA IMMUNISATION.****A. CHILDREN UNDER FIVE.**

(1) It is proposed to make arrangements for all general practitioners in the area to partake in the immunisation scheme. Payment would be according to centrally negotiated rates for information received on prescribed record forms.

Alongside the general practitioner arrangements there will be Local Authority arrangements, and parents may use whichever service they desire. This sessional service in clinics has hitherto been the responsibility of the District Medical Officers of Health and, wherever possible, arrangements will be made with District Councils for their Medical Officers to partake in "sessional" diphtheria immunisation work, both for children under and over five. The sessions for children under five could be held at infant welfare clinics or elsewhere suitable in time and place for the accomplishment of the work.

(2) The arrangement of sessions would follow those at present in operation, variations being made where considered necessary in the light of experience.

(3) All health visitors, midwives, teachers, etc., will receive literature so as to encourage them in gaining success for the publicity campaigns which will be undertaken by the Local Health Authority from time to time.

(4) The public will be given all data of the arrangements made for them in their area by press publication, cinema slides and public notices. Local propaganda would be persisted in, with increased pressure of propaganda seasonably arranged. This would include national publicity material made available by the Ministry of Health from time to time.

#### B. CHILDREN OF SCHOOL AGE.

It is proposed that as in the case of children under school age, the services of general practitioners be used in conjunction with sessional arrangements in the schools or school clinics.

In connection with the above arrangements for the immunisation of children of school age systematic provision will be made for the administration of reinforcing injections as required.

#### C. RECORDS AND PAYMENT OF FEES.

The medical or general practitioners performing immunisation in accordance with this Scheme shall furnish to the Local Health Authority such records in such standard form as the Ministry of Health may prescribe and the records of the Local Health Authority will be kept in such a manner as will enable returns to be furnished to the Ministry of Health as and when required.

The fee to be paid to general medical practitioners in respect of returns submitted to the Local Health Authority in the specified form will be that approved by the Minister of Health after negotiations with representatives of the medical profession.

#### D. MEDICAL ARRANGEMENTS.

An opportunity will be given to all medical practitioners within the area to provide service under this Scheme and the services of District Medical Officers of Health will also be used in the work of immunisation, subject to arrangements with their employing authorities. The Authority's own staff will also be used if necessary.

### **SMALLPOX.**

#### A. INFANT VACCINATION.

(1) Arrangements will be made with all general medical practitioners in the Administrative County to carry out vaccination and re-vaccination against smallpox.

(2) Sessional arrangements for this work to be done at schools, clinics, or elsewhere will be made when and where thought desirable.

(3) All health visitors, midwives, teachers, etc., will receive literature so as to encourage them in gaining success for the publicity campaigns which will be undertaken by the Local Health Authority from time to time.

(4) The Council will adopt such measures of health education in the matter of infant vaccination as may be appropriate, and will have regard in this respect to such advice as may be given by the Minister.



#### B. RECORDS AND PAYMENT OF FEES.

The medical or general practitioners performing vaccinations in accordance with this Scheme shall furnish to the Local Health Authority such records in such standard form as the Minister of Health may prescribe and the records of the Local Health Authority will be kept in such a manner as will enable returns to be furnished to the Ministry of Health as and when required.

The fee to be paid to general medical practitioners in respect of returns submitted to the Local Health Authority in the specified form will be that approved by the Minister of Health after negotiation with representatives of the medical profession.

#### C. ARRANGEMENTS IN THE EVENT OF AN OUTBREAK OF SMALLPOX.

In the event of a large scale emergency demand for vaccination or re-vaccination against smallpox during the time of an epidemic, this would be met by all the practitioners in an affected area giving an amount of time commensurate with the problem and by the arrangement of vaccination sessions manned, either by general practitioners or public health full-time or part-time staff.

#### D. MEDICAL ARRANGEMENTS.

An opportunity will be given to all medical practitioners within the area to provide service under this Scheme and the services of District Medical Officers of Health will also be used in the work of vaccination and re-vaccination subject to arrangements with their employing authorities.

### **VACCINATION OR IMMUNISATION AGAINST DISEASES OTHER THAN SMALLPOX OR DIPHTHERIA.**

(i) WHOOPING COUGH. It is proposed to continue the arrangements at present in operation in the Urban Districts of Rhondda and Gelligaer. The extension of facilities for this type of inoculation will be subject to the recommendations of the County Medical Officer of Health, who will be responsible for deciding the antigen(s) to be used and for keeping such records as will enable the value of immunisation against whooping cough to be assessed.

(ii) OTHER DISEASES. If in exceptional circumstances it is considered expedient by the Authority's Medical Officer of Health, and he so advises the authority, temporary arrangements may be made under his direction for group inoculation against a disease other than those referred to in the preceding proposals as regards persons to whom it is thought advisable to offer this inoculation to protect them against exceptional risk.

## GLAMORGAN COUNTY COUNCIL.

## NATIONAL HEALTH SERVICE ACT, 1946.

## Statistical Data in Relation to Proposals under Section 26 and 27 of the Act.

District.	Mid-1946 Popula- tion.	Mid-1946 Child Population.		Registered Live Births.		Estimated Percentage of mid-1946 Child Population who had been immunised against Diphtheria up to 31st December, 1946.		Estimated No. of Vaccinations against Smallpox likely to be undertaken during year ending 31st March, 1949.		Estimated No. of Immunisations against Diphtheria likely to be undertaken during year ending 31st March, 1949.	
		Under 5 yrs.	Ages 5-15 yrs.	1945.	1946.	Under 5 yrs.	Ages 5-15 yrs.				
NON-COUNTY BOROUGHES.											
Barry .. ..	38,010	3,050	5,660	740	817	71.5	87.7	272		735	
Cowbridge .. ..	1,255	110	200	25	19	66.2	68.4	6		17	
Neath .. ..	30,940	2,100	4,230	471	591	62.4	76.4	197		532	
Port Talbot .. ..	40,000	3,400	6,290	673	770	62.0	47.0	256		693	
URBAN DISTRICTS.											
Aberdare .. ..	39,920	2,940	5,250	606	658	60.5	98.2	219		592	
Bridgend .. ..	12,770	990	1,930	203	255	47.2	79.2	85		230	
Caerphilly .. ..	32,240	3,110	5,480	678	759	78.0	85.0	253		683	
Gelligaer .. ..	35,980	3,330	6,210	742	794	70.0	85.0	265		715	
Glyncorwg .. ..	8,904	900	1,570	204	197	81.0	67.0	66		177	
Llchwyr .. ..	25,510	1,950	3,520	401	395	55.3	92.8	132		356	
Maesteg .. ..	22,660	1,960	3,600	434	500	81.4	75.6	166		450	
Mountain Ash .. ..	31,880	2,630	5,220	620	635	64.5	87.5	212		572	
Ogmore and Garw .. ..	23,310	1,990	3,500	458	455	50.7	84.0	152		410	
Penarth .. ..	16,720	1,230	2,040	223	312	76.1	65.3	104		281	
Pontypridd .. ..	38,730	3,090	5,780	696	778	53.0	89.0	259		700	
Porthcawl .. ..	8,541	580	1,030	137	146	71.2	92.0	49		131	
Rhondda .. ..	113,120	8,980	17,200	2,080	2,203	61.3	85.8	734		1,983	
RURAL DISTRICTS.											
Cardiff .. ..	35,770	3,280	5,030	570	619	45.2	66.6	206		557	
Cowbridge .. ..	12,750	1,250	2,030	266	281	67.3	72.4	94		253	
Gower .. ..	10,830	870	1,490	162	201	63.5	92.9	67		181	
Llantrisant and Fardre .. ..	23,610	2,640	4,000	499	498	37.3	76.6	166		448	
Neath .. ..	40,090	3,210	5,880	656	741	46.0	72.0	247		666	
Penybont .. ..	33,460	2,770	4,930	584	599	45.2	83.1	199		539	
Pontardawe .. ..	33,160	2,600	4,300	515	576	68.0	74.0	192		518	
Totals .. ..	710,160	58,960	106,370	12,643	13,799	60.6	80.3	4,598		12,419	

## APPENDIX.

## NATIONAL HEALTH SERVICE ACT, 1946.

---

**HEALTH SERVICES TO BE PROVIDED BY THE LOCAL HEALTH AUTHORITY  
UNDER PART III OF THE ACT.**


---



---

**Proposals of Glamorgan County Council for carrying out duties under Section 27  
(Ambulance Service) of the National Health Service Act, 1946.**


---

**PART I.****1. Statistical Data.**

Total mid-1946 population of Authority's area ..	710,160.
Area of Administrative County .. .. .	733 square miles.

**2. Particulars of Existing Ambulance Services.**

Particulars of existing ambulance services are set out in detail on the enclosed schedules, viz. :—

Non-County Boroughs, Urban and Rural Districts ..	Schedule 1.
Local Authority Hospitals .. .. .	Schedule 2.
Voluntary Hospitals .. .. .	Schedule 3.
Order of St. John—Priory for Wales .. .. .	Schedule 4.
Private Hirers .. .. .	Schedule 5.

The Schedules enumerated above show that the total number of vehicles and staff at present operating in the County area and regarded as available for the new service is in accordance with the following tabulated statement :—

<i>Ownership of Vehicles.</i>	<i>Schedule. Number of Vehicles.</i>			
	<i>No.</i>	<i>Ambulances.</i>	<i>Cars.</i>	<i>No. of Staff.</i>
Non-County Boroughs, Urban, and Rural Districts ..	1	26	2	21
Local Authority Hospitals .. .. .	2	1	—	1
Voluntary Hospitals .. .. .	3	6	—	3
Order of St. John .. .. .	4	14	—	27
Private Hirers .. .. .	5	26	—	45
TOTALS .. .. .		73	2	97

**PART II.****1. Service which will operate from the Appointed Day.**

At the present time the Local Health Authority has no ambulance service under its direct control, and it is not certain whether all the vehicles shown in the Schedules referred to in Part I (2) of these proposals will be available and roadworthy by the Appointed Day.

The 59 vehicles shown in Schedules 1, 3, and 5 respectively, in addition to the 14 vehicles owned by the Order of St. John (Priory for Wales), will form the nucleus of a fleet which should be available for operational purposes.



In addition, two sitting-case cars are regarded as available for transfer to the new service and six new cars (including one for the use of the Ambulance Officer) will be required to operate the service.

The Local Health Authority may supplement the arrangements set out in this Scheme by hiring of vehicles from private hirers where circumstances make this imperative. Such hiring arrangements will be operative for a trial period not exceeding twelve months pending delivery of additional cars, but the arrangements may be continued thereafter with the approval of the Minister of Health.

The ambulance transport may, when available, be used for the conveyance of midwives under the Authority's arrangements for carrying out their duties under Section 23 of the Act, subject to appropriate adjustments in the Authority's accounts.

#### A. CO-ORDINATION OF EXISTING SERVICES.

The vehicles at present operated by the Order of St. John—Priory for Wales and stationed within the area of the Administrative County, will form part of the County Service, and will be run directly by the Local Health Authority, subject to the agreement set out in Appendix I made between the Order of St. John—Priory for Wales and the Local Health Authority.

#### B. REDISTRIBUTION AND AUGMENTATION OF EXISTING RESOURCES.

It is proposed to divide the Administrative County into appropriate areas, each area having an Ambulance Station operating with three ambulances and one sitting-case car. In each Station area there will be a number of Sub-Stations, each having at least one ambulance which for operational purposes within the Station area would be under the control of the Station Superintendent. The following table shows the general location of Ambulance Stations and related Sub-Stations proposed to be established in the Local Health Authority area, the existing vehicles that might be used and the extent to which the provision of new vehicles will be required :—

<i>Location of Proposed Ambulance Stations.</i>	<i>Proposed Station fleet and present owners.</i>	<i>Location of Proposed Ambulance Sub-Stations.</i>	<i>Proposed Sub-Station vehicles and present owners.</i>
Clydach .. ..	Clydach—St. Johns Gorseinon (Tin & Steel Co.) Cwmllynfell—St. Johns New provision of a car	Reynoldston .. ..	New provision (1).
		Gowerton .. ..	St. Johns.
		Pontardulais .. ..	St. Johns.
		Pontardawe .. ..	District Council (I.D.).
		Ystalyfera .. ..	Ambulance Association.
		Gwaun-cae-Gurwen .. ..	St. Johns.
Neath .. ..	Isolation Hospital Borough Council New provision of an ambulance and a car	Banwen .. ..	Workmen's Ambulance Committee.
		Seven Sisters .. ..	Blaendulais Ambulance Society.
		Glyn Neath .. ..	Aberpergwm Colliery.
		Resolven .. ..	New provision (1).
		Skewen .. ..	Neath R.D.C. (Neath).
		Port Talbot .. ..	General Hospital.
		Bryn .. ..	St. Johns.
		Cymmer .. ..	St. Johns.
		Glyncorrwg .. ..	Colliery Employees.

<i>Location of Proposed Ambulance Stations.</i>	<i>Proposed Station fleet and present owners.</i>	<i>Location of Proposed Ambulance Sub-Stations.</i>	<i>Proposed Sub-Station vehicles and present owners.</i>
Bridgend ..	District Council Joint Isolation Hospital New provision (R.O.F.) of an ambulance and a car	Kenfig Hill .. .. Caerau .. .. Maesteg .. .. Pencoed .. .. Pontycymmer .. ..  Nantymoel .. .. Llanharan .. .. Porthcawl .. .. Llantwit Major .. .. Cowbridge Borough .. ..	St. Johns. District Council (I.D.). District Council. St. Johns. Ambulance Association in agreement with private owner. Ambulance Association. New provision (1). District Council. New provision. New provision.
Barry .. ..	District Council District Council (I.D.) New provision of an ambulance District Council—car	Bonvilston .. .. Whitchurch (2) .. .. Penarth .. ..	District Council (I.D.). New provision (1). District Council.
Ystrad Mynach ..	St. Johns, Llanbradach Caerphilly Hospital New provision of an ambulance and a car	Senghenydd .. .. Bargoed .. .. Pontlloftyn .. .. Nelson .. .. Caerphilly .. ..	Private hirer. District Council. District Council (I.D.). New provision (1). Private hirer.
Pontypridd ..	St. Johns Private hire District Council (I.D.) New provision of a car	Hirwaun .. .. Aberdare (2) .. ..  Mountain Ash .. .. Penrhiwceiber .. .. Abercynon .. .. Church Village .. .. Talbot Green .. .. Tonyrefail .. .. Gilfach Goch .. ..	District Council (I.D.). St. Johns (1). New provision (1). General Hospital. St. Johns. Ambulance Association. New provision (1). District Council (I.D.). St. Johns. Ambulance Association.
Llwynypia ..	Llwynypia Hospital District Council (2 I.D.) and a car	Treherbert .. .. Treorchy .. .. Tonypandy .. .. Maerdy .. .. Tylorstown .. .. Porth .. .. Trehafod .. ..	Private hirer. General Hospital. New provision (1). New provision (1). Private hirer. General Hospital. Private hirer.

#### C. CONSULTATION WITH OTHER LOCAL HEALTH AUTHORITIES, ETC., in REGARD TO JOINT ARRANGEMENTS.

Consultations have taken place with adjacent Local Health Authorities and arrangements have been made for mutual aid on call by each authority when necessary, including assistance in emergencies.

The Local Health Authorities concerned, together with the dates of consultation, are as follows :—

<i>Local Health Authority.</i>	<i>Date of Consultation.</i>
Swansea County Borough .. ..	17th June, 1947.
Cardiff County Borough .. ..	19th June, 1947.
Breconshire County Council .. ..	12th July, 1947.
Monmouthshire County Council .. ..	18th July, 1947.

Such arrangements as are necessary will also be made with the Carmarthenshire County Council and the Merthyr County Borough Council.

Charges have been agreed between the Authority and the Local Health Authorities concerned for the conveyance of cases on behalf of each authority. In some instances a pure mutual aid scheme has been accepted.

#### D. STAFF.

The staff to be employed will consist of :—

- 1 County Ambulance Officer.
- 7 Station Leaders.
- 21 Deputy Station Leaders.
- 160 to 202 Driver/Attendants.

The Council will make arrangements for securing that as far as may be practicable (i) All ambulance drivers and attendants shall hold the First Aid Certificate of the St. John Ambulance Association or The British Red Cross Society, or The St. Andrew Ambulance Association or such other first aid qualification as may be approved or prescribed by the Minister of Health ; (ii) All such drivers and attendants shall be so trained as to be interchangeable in their duties.

#### E. MAINTENANCE AND SERVICING.

Drivers will provide a daily and weekly overhaul of their vehicles. In addition, after running between 3,000 and 5,000 miles, all vehicles will be subjected to a more detailed overhaul. Pending consideration of the establishment by the Authority of a central maintenance and repair workshop for all the Authority's vehicles, including the Fire Service, arrangements will be made for maintenance and servicing with suitable garages in each Station area.

Vehicles operating by arrangement with the Order of St. John—Priory for Wales, will be serviced by the Order direct in accordance with paragraphs 1 (b) and (c) of the agreement as set out in Appendix I.

#### F. CONVEYANCE OF PATIENTS BY RAILWAY.

Where a person for whose conveyance the Local Health Authority have a duty under Section 27 has to make a long journey, and can, without detriment to his health, most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

#### G. CALL-OUT ARRANGEMENTS.

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service, and telephone authorities in or serving the County informed of the action to be taken to call an ambulance. Discussions will be undertaken with the local telephone manager with a view to working out details of telephone communications, with particular reference to emergency calls.



### DEVELOPMENT PLAN.

It is estimated that, in order to provide adequately for the conveyance where necessary, at any time of the day or night, of persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County to places in or outside the County, and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service will need to comprise a total of 74 ambulances, seven sitting-case cars, and 160 to 202 full-time driver/attendants. The Council intend to develop the service up to the establishments mentioned, in accordance with these proposals, as rapidly as circumstances permit.

The requirements of the ambulance service (particularly for the Cwmllynfell area) will be kept under constant review, and such increases as experience shows to be required will be made from time to time in the number of staff, up to the maximum mentioned above. Such temporary redistribution of vehicles and staff between the stations will be made as may from time to time be deemed necessary to ensure the most effective use of the Authority's ambulance resources. If necessary, the Authority may themselves provide ambulances in place of those provided by private hirers or voluntary organisations.

The County Council will give further consideration to the question of combination of the Fire and Ambulance Services, and if such combination is decided on, further proposals will be submitted to the Minister within a period of 12 months from the Appointed Day.

---

#### Appendix 1.

#### **Agreement between the Order of St. John—Priory for Wales, and the Glamorgan County Council as Local Health Authority under the National Health Service Act, 1946.**

---

- 1        (a) That where a Priory ambulance is included in the comprehensive scheme of the County Council, the movement of the vehicle for the transport of cases shall be controlled by the County Council in the same manner as all other vehicles engaged in the Scheme.  
           (b) If a Priory ambulance is in need of repair or overhaul it shall be the responsibility of the Priory to arrange for such repair, etc., but they must inform the appropriate Station Control as to the period during which the vehicle will be away from its Station.  
           (c) Where a Priory ambulance breaks down whilst on a journey it shall be the duty of the driver to inform the appropriate Station Control, who shall in turn inform the Priory of the breakdown, so that they may make the necessary arrangements for the repair or replacement of the vehicle.
  - 2        The existing identifying features of any of the Priory vehicles included in the County Scheme shall be permitted to remain.
  - 3        Members of the Priory organisation who are employed whole-time in the County Council's ambulance scheme must be County Council employees and shall be paid by them.
  - 4        The day to day administration of the Priory stations and vehicles included in the County Council's Ambulance Scheme shall be undertaken by the administrative staff of that organisation.
- The services to be rendered shall include the day to day supervision of all stations and sub-stations, vehicles and staff, and the rendering of all returns, etc., required by the County Council as asked for from time to time by the County Medical Officer.

The County Medical Officer or his representative shall have the right to visit any of the Priory's stations included in the County Council's Ambulance Scheme for inspection purposes. As the result of such inspection any points arising which may not be considered satisfactory will be brought to the notice of the Priory.

5 Where vacancies occur in the establishment of the whole-time personnel manning the Priory's vehicles, that organisation shall make a short list of suitable candidates, from which the County Council shall make the appointment.

Suitable existing Priory personnel shall have priority of consideration for appointment on the whole-time staff to be used in manning the Priory's vehicles. Such personnel shall, in the first instance, be engaged for a period of six months, at the end of which time it shall be determined whether they are suitable for permanent appointments in the new service. Any such personnel who are considered unsuitable for permanent engagement shall be given one month's notice to terminate the appointment, subject to the reasons for such notice being discussed and mutually agreed between the County Council and the Priory for Wales, prior to such notice being served.

6 Members of the Priory organisation shall wear the uniform provided for the County Ambulance Service, but they shall be permitted to wear the distinguishing badge of their organisation.

7 The Priory for Wales shall, so far as possible, separate their expenditure in connection with the Glamorgan stations and vehicles, and shall be reimbursed by the Glamorgan County Council the following :—

- (a) The actual cost of standing charges of the Glamorgan stations to include the following :  
     Rent, rates, heating, lighting, cleaning, maintenance, stationery and postages in respect  
     of buildings used as stations or sub-stations ;  
     Telephones ;  
     Insurance of vehicles and passengers, including the insurance of vehicles held in reserve.

- (b) Running costs of the Glamorgan vehicles to include petrol, oil and greases, tyres and tubes, repair and maintenance charges by private garages, and the actual cost of repair of vehicles at the central repair depot, consisting of allocated wages and materials.

- (c) Such proportion of the expenses of the central repair buildings (i.e. rent and rates, heating, lighting, cleaning, and maintenance) as the prime costs of repairs effected at the central depot during a year, charged to the Glamorgan County Council, bears to the prime cost of all repairs there effected. This item shall include repair charges in respect of reserve vehicles wholly used as replacements for Glamorgan vehicles whilst under repair.

- (d) Such proportion of the administrative salaries and expenses of the central organisation of the Priory for ambulance work as the number of Glamorgan stations bears to the total number of stations maintained by the organisation.

- (e) A sum of £150 per annum per vehicle in respect of depreciation.

8 There shall be paid to the Priory for Wales quarterly during the year sums as above on an estimated basis which shall be adjusted to the actual cost as ascertained as soon as the actual figures for the year have been determined.

9 Final settlement in respect of any year by the Glamorgan County Council shall be subject to such inspection of books and vouchers as the County Treasurer may wish to undertake.

10 The agreement with the Priory for Wales shall be for a minimum period of three years, and thereafter shall be determinable by 12 months' notice on either side.



**APPENDIX.****NATIONAL HEALTH SERVICE ACT, 1946.**

---

**HEALTH SERVICES TO BE PROVIDED BY LOCAL HEALTH AUTHORITIES  
UNDER PART III OF THE ACT.**

---

**Proposals of the Glamorgan County Council for carrying out Duties under Section 28  
(PREVENTION OF ILLNESS, CARE, AND AFTER-CARE) of the National Health  
Service Act, 1946.**

---

**PART I.****A. TUBERCULOSIS.**

The Glamorgan County Council as the Local Health Authority will make the following general provisions for the organisation and administration of the Service for the care and after-care of tuberculous persons throughout the Authority's area :—

- (i) The day-to-day administration of the Service will be carried out by the nine Divisional Health Sub-Committees of the Health Committee.
- (ii) The Authority will supply nursing requisites, extra nourishment, clothing, etc., to tuberculous patients, and, in order to permit the segregation of such patients in their homes, will also supply beds, bedding, etc.
- (iii) Assistance will be given to tuberculous families to obtain suitable housing accommodation.
- (iv) Arrangements will be made, where necessary, for the boarding-out of children of infected parents to prevent infection.
- (v) Assistance will be given to enable patients to obtain the benefits of the Disabled Persons (Employment) Act, and to this end co-operation with the Disablement Rehabilitation Officer of the Ministry of Labour and National Service, industrialists, trade union officials, and voluntary bodies will be maintained.
- (vi) Subject to the approval of the Minister, the Authority will, should the need arise, provide and maintain workshops, settlements, hostels, and night sanatoria, or any of them, or will make joint arrangements with other Local Health Authorities or voluntary bodies for this purpose.



- (vii) The Authority will arrange with the Regional Hospital Board that joint medical appointments be made for those posts, other than hospital posts, where the diagnostic and treatment facilities and the prevention, care, and after-care work merge or overlap. Health Visitors or Social Workers to undertake domiciliary supervision of tuberculous patients will be appointed, and they will spend part of their time in dispensaries with the joint appointment medical officers referred to above.

#### B. MENTAL ILLNESS OR DEFECTIVENESS.

In accordance with the proposals submitted under Section 51 of the Act the Local Health Committee will make the following provision in respect of persons suffering from mental illness or defectiveness :—

- (i) By agreement with the Regional Hospital Board arrangements will be made for defectives out on licence to be visited by officers of the Local Health Authority.
- (ii) In addition to the Occupation Centres at present established in the Administrative County, the Local Health Authority will eventually establish four further centres to be sited in heavily populated areas. It is intended to make provision for the establishment of one of the proposed additional centres during the year ending the 31st March, 1949.
- (iii) The Local Health Authority will make provision for the domiciliary training of defectives out on licence by itself appointing an adequate number of Home Teachers for the purpose.

#### C. OTHER TYPES OF ILLNESS (OR ILLNESS GENERALLY).

- (i) The Authority will make provision for the after-care of persons discharged from hospitals and other invalids in the form of nursing requisites, advice, nursing aid, domestic help, etc., but such assistance will not include monetary grants. The arrangements in this respect will be such, however, as will not fall within the scope of the hospital and specialist services or of the Authority's duties under Part III of the National Assistance Bill.
- (ii) With the co-operation of the Regional Hospital Board and the Local Executive Council morbidity statistics will be analysed and studied so as to further the knowledge and prevention of disease in the area.
- (iii) The Authority with the acquiescence of the Regional Hospital Board, and in co-operation with the medical officers of the treatment clinics, will undertake social work in relation to venereal diseases.
- (iv) Health education by all available means will be undertaken under Section 28.

#### D. PROVISION OF NURSING EQUIPMENT AND APPARATUS.

Provision for the supply or loan of nursing equipment for patients being nursed at home will be made. For this purpose stores will be established at or near each of the offices of the Divisional Health Sub-Committees. Arrangements will be made with the Order of St. John on such terms as may be mutually agreed and as may be approved by the Minister, for the use of the Order's depots pending the establishment of the Local Health Authority's depots.

**APPENDIX.****NATIONAL HEALTH SERVICE ACT, 1946.****DOMESTIC HELP.****Proposals of the Glamorgan County Council for carrying out duties under Section 29 of the National Health Service Act, 1946.****PART I.****(a) Statistical Data.**

(i) Area of Administrative County	..	..	..	733 square miles.
(ii) Total mid-1946 population	..	..	..	710,160.

**(b) Existing Service.**

There is no domestic help service in the Administrative County which could be considered comprehensive.

Full-time and part-time domestic help is available in certain districts and details relating to the personnel engaged by the Welfare Authorities concerned are shown in the Appendix\* to these proposals. From this it will be seen that there are at present 15 whole-time and 38 part-time domestic helps employed, and it will also be noted that many Authorities have no personnel at all engaged in this form of service.

**PART II.****DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.****General Administrative Arrangements.**

(1) The Glamorgan County Council as the Local Health Authority will provide a Domestic Help Service in its area.

If it is found impossible in rural areas to provide a full service, effort will be made to find alternative methods of arranging domestic help.

(2) At least those services available to the Committee will be continued, but owing to the inequalities of service rendered to the various communities, all of whom have an equal claim on the Authority, every effort will be made to create the nucleus of a domestic help service during the year 1948-49.

(3) The service will be under the general direction of the County Medical Officer, on whose Central Staff there will be appointed a whole-time Woman Organiser to take general control of recruitment and organise the service under his direction.

\* Omitted.

(4) In each of the nine Health Divisions to be established under the Authority's general administration scheme, the day-to-day administration of the service will be the duty of the Divisional Medical Officer, who will have the assistance of a non-medical Supervisor, whose duties will include the supervision of Midwives, Domiciliary Nurses, and Domestic Helps.

(5) Subject to the Council's regulations, the whole-time Organiser of Domestic Helps will be granted a car allowance for authorised journeys.

(6) For the year ending 31st March, 1949, it is proposed that the establishment of domestic helps shall be 177 whole-time helps or their equivalent in part-time service. These will be apportioned to the health divisions as shown in the Appendix to these proposals. The Authority will welcome the assistance of the National Institute of Houseworkers in determining whether women whom it is proposed to enrol into the Service have the necessary skill and experience.

(7) As the provision of indoor and outdoor uniform is likely to aid recruitment, a simple neat indoor uniform will be provided. The question of providing outdoor uniform will be considered during the next financial year for provision under the Development Plan.

#### **Charges.**

(8) Particulars of charges and bases of assessment will be furnished separately to the Minister.

#### **Tuberculosis and Infectious Diseases.**

(9) In households where there is a patient known to be suffering from tuberculosis or other notifiable infectious disease, domestic helps will not be used without the consent of the Divisional Medical Officer.

#### **Joint Arrangements with other Local Health Authorities.**

(10) The Authority will be prepared to make joint arrangements with other Local Health Authorities if such arrangements are thought to be advisable.

### **PART III.**

#### **DEVELOPMENT PLAN.**

In view of the difficulty of making a reasonable estimate of the future requirements of this Service, the Authority is unable to formulate any detailed proposals for the ultimate development of this Service, but the scheme will be extended and developed as circumstances demand.



**APPENDIX.****NATIONAL HEALTH SERVICE ACT, 1946.**


---

**MENTAL HEALTH SERVICES TO BE PROVIDED BY LOCAL HEALTH  
AUTHORITIES UNDER PART V OF THE ACT.**


---



---

**Proposals of Glamorgan County Council for carrying out Duties under Lunacy and  
Mental Treatment Acts and Mental Deficiency Acts as laid down in Section 51 of the  
National Health Service Act, 1946.**


---

**PART I.****STATISTICAL DATA:**

(a) Estimated population (mid-1946) of Authority's area	.. .. .	710,160
(b) Number of patients at present chargeable to the Local Authority under the Lunacy and Mental Treatment Acts	.. .. .	1,796
(c) Number of patients dealt with under the Acts mentioned in (b) by the Relieving Officers of the area during the financial year ended 31st March, 1947	.. .. .	428
(d) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts during 1946	.. .. .	149
(e) Number of persons reported to the Local Authority as mentally defective during 1946	..	167

---

**PART II.****PROPOSALS.****A. GENERAL.**

(i) The Health Committee has set up a sub-committee, to be known as the Special Health Services Sub-Committee, to which matters relating to the Mental Health Services will be referred.

(ii) The County Medical Officer of Health will be responsible for the organisation and control of the service.

(iii) The Local Health Authority will appoint a Senior Medical Officer to the staff of the County Medical Officer who will be responsible to him for the general direction and supervision of the Mental Health Service.

## B. MEDICAL.

(i) The Senior Medical Officer referred to in A (iii) above will be the Certifying Officer under the Mental Deficiency Acts, and two Assistant County Medical Officers will act for him when circumstances demand.

(ii) The Local Health Authority will approach the Regional Hospital Board with a view to arranging for the services of Psychiatrists to assist general practitioners when necessary.

## C. NON-MEDICAL.

(i) The Local Health Authority will appoint five "duly authorised officers" who will be stationed in areas of the County within easy reach of the populace, e.g. West Glamorgan, Mid-Glamorgan, East Glamorgan, Rhondda, and Cynon Valley. These officers, who will be experienced in the procedure relating to lunacy work, will relieve each other when occasion demands; other selected officers in the Mental Health Service will also be appointed as "duly authorised officers" to act for the five officers when necessary.

It is the intention of the Health Authority to arrange for its "duly authorised officers" to be trained in mental deficiency duties in order that they may be engaged as full-time mental health workers.

(ii) The Local Health Authority will approach the Regional Hospital Board with a view to the Authority carrying out visitations on behalf of the Board in the homes of patients on trial or boarded out from mental hospitals, and for this purpose would appoint a psychiatric social worker and two social workers.

(iii) The Local Health Authority will appoint Petitioning Officers, who will be on the staff of the County Medical Officer.

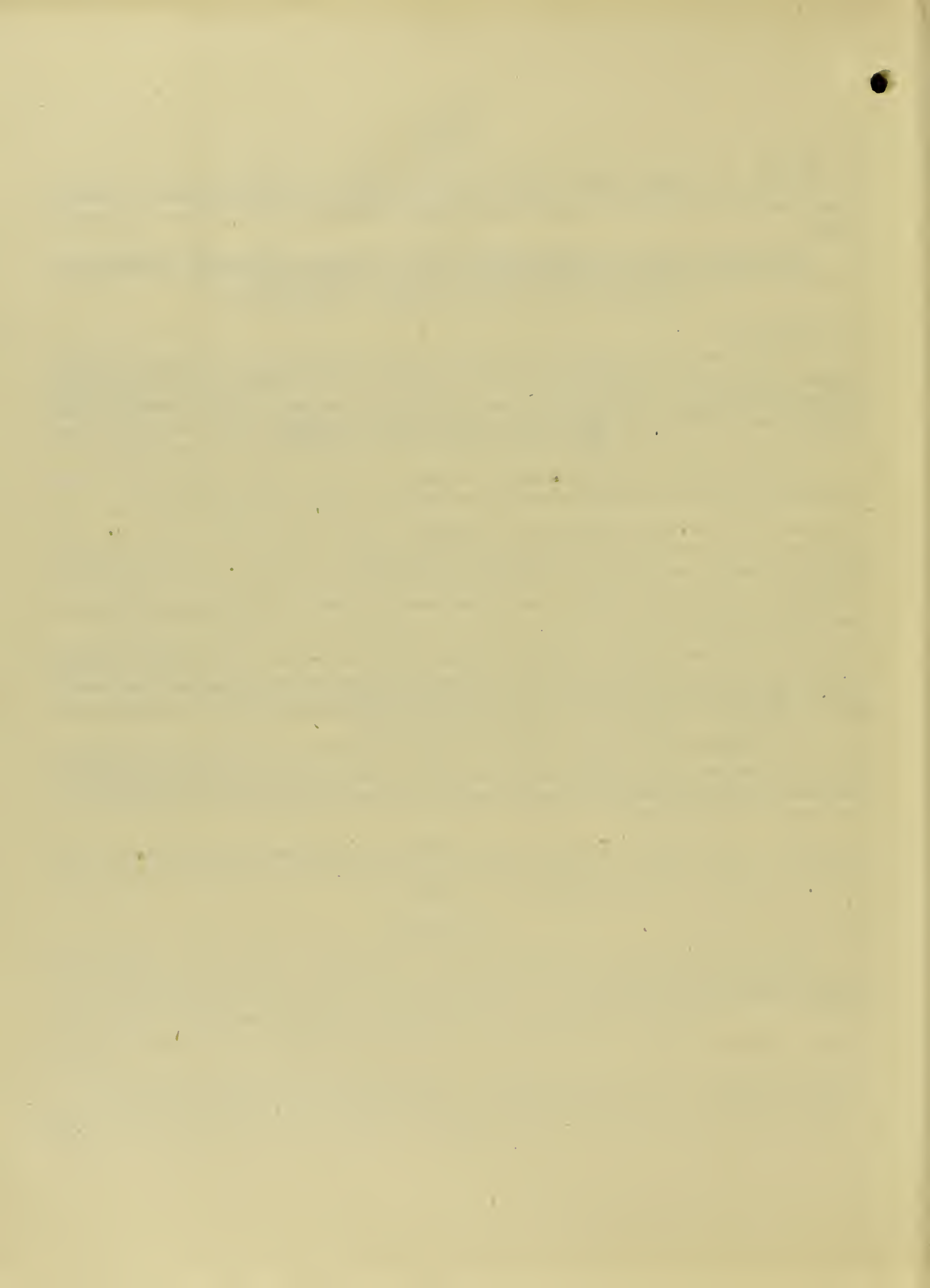
(iv) By agreement with the Regional Hospital Board, arrangements will be made for defectives out on licence to be visited by officers of the Local Health Authority, and for this purpose the three supervisors of defectives and the social worker who are at present employed by the Authority will undertake this work if agreement is reached with the Regional Hospital Board.

(v) In addition to the Occupation Centre at present established in the Administrative County, the Local Health Authority will eventually establish four further centres to be sited in heavily populated areas. It is intended to make provision for the establishment of one of the proposed additional centres during the year ending 31st March, 1949.

(vi) The Local Health Authority will make provision for the domiciliary training of defectives out on licence by itself appointing an adequate number of home teachers for the purpose, commencing with five and increasing to not more than twelve.

## D. AMBULANCE SERVICE.

The Local Health Authority will make provision for its Ambulance Service to be available at all times to the Mental Health Service.





## NOTIFICATION OF INFECTIOUS DISEASES.

	SMALLPOX			SCARLET FEVER			DIPHTHERIA (Includes Mem. Croup)			ENTERIC FEVER		PARA- TYPHOID		ERYSIPELAS		PULMONARY TUBERCULOSIS		NON- PULMONARY TUBERCULOSIS		PUERPERAL PYREXIA		Ophthalmia Neonatorum	PNEUMONIA		MEASLES		WHOOPIING COUGH		Encephalitis Lethargica	Dysentery	Cerebro-Spinal Fever	Malaria	Acute Polio-myelitis	Acute Polio-encephalitis
	Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate per 1,000 Live Births		Cases	Rate	Cases	Rate	Cases	Rate						
Administrative County	—	—	—	1304	1.83	863	237	0.33	258	4	0.006	1	0.001	111	0.16	894	1.26	229	0.32	50	3.38	32	890	1.25	10,105	14.19	848	1.19	4	8	57	3	87	8
Urban Districts	—	—	—	984	1.89	619	166	0.32	187	2	0.004	1	0.002	89	0.17	664	1.27	159	0.31	45	4.06	27	722	1.39	8,031	15.42	706	1.36	3	4	45	2	57	6
Rural Districts	—	—	—	320	1.67	244	71	0.37	71	2	0.010	—	—	22	0.12	230	1.20	70	0.37	5	1.35	5	168	0.88	2,074	10.85	142	0.74	1	4	12	1	30	2
URBAN.																																		
Aberdare	—	—	—	100	2.51	12	3	0.08	3	—	—	1	0.03	12	0.30	62	1.56	7	0.18	3	4.16	2	70	1.76	527	13.25	162	4.07	—	1	—	1	5	—
Barry Borough	—	—	—	83	2.16	69	3	0.08	3	—	—	—	—	13	0.34	61	1.59	18	0.47	1	1.12	—	30	0.78	541	14.06	40	1.04	1	—	2	—	2	1
Bridgend	—	—	—	13	1.02	10	8	0.63	8	—	—	—	—	3	0.24	7	0.55	12	0.94	—	—	2	4	0.31	115	9.05	11	0.87	—	1	4	—	1	—
Caerphilly	—	—	—	78	2.42	4	4	0.12	3	—	—	—	—	3	0.09	62	1.92	6	0.19	1	1.26	1	4	0.12	452	14.01	11	0.34	—	—	3	—	1	—
Cowbridge Borough	—	—	—	—	—	—	1	0.78	1	—	—	—	—	—	—	1	0.78	1	0.78	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gelligaer	—	—	—	92	2.57	14	3	0.08	3	—	—	—	—	5	0.14	49	1.37	9	0.25	3	3.61	1	9	0.25	807	22.54	19	0.53	1	—	1	—	1	—
Glyncoirwng	—	—	—	6	0.68	4	12	1.37	10	—	—	—	—	—	—	6	0.68	3	0.34	—	—	—	5	0.57	35	3.99	—	—	—	—	—	—	1	—
Llwchwr	—	—	—	24	0.93	22	—	—	—	—	—	—	—	4	0.16	21	0.82	7	0.27	11	23.11	—	12	0.47	549	21.38	58	2.26	—	—	3	—	5	2
Maesteg	—	—	—	30	1.32	21	28	1.23	28	—	—	—	—	9	0.39	34	1.49	15	0.66	3	5.67	3	55	2.41	306	13.42	27	1.18	—	—	7	—	2	1
Mountain Ash	—	—	—	56	1.78	41	8	0.25	8	—	—	—	—	3	0.10	48	1.52	5	0.16	1	1.53	1	36	1.14	151	4.80	34	1.08	—	—	7	—	2	—
Neath Borough	—	—	—	49	1.56	33	16	0.51	16	—	—	—	—	4	0.13	41	1.30	10	0.32	—	—	1	10	0.32	331	10.50	15	0.48	—	1	1	—	5	—
Ogmore and Garw	—	—	—	50	2.17	48	11	0.48	11	1	0.04	—	—	2	0.09	37	1.61	23	1.00	3	6.49	3	48	2.09	603	26.22	145	6.30	—	1	3	—	1	—
Penarth	—	—	—	24	1.39	9	5	0.29	4	1	0.06	—	—	1	0.06	7	0.41	3	0.17	4	10.61	1	184	10.68	264	15.32	14	0.81	—	—	2	1	5	—
Pontypridd	—	—	—	52	1.34	51	12	0.31	12	—	—	—	—	7	0.18	47	1.21	5	0.13	7	8.21	2	17	0.44	292	7.53	40	1.03	—	—	1	—	2	—
Porthcawl	—	—	—	16	1.85	10	3	0.35	3	—	—	—	—	—	—	12	1.39	1	0.12	—	—	—	—	—	4	0.46	1	0.12	—	—	—	—	3	—
Port Talbot Borough	—	—	—	44	1.08	38	45	1.10	45	—	—	—	—	4	0.10	55	1.35	10	0.24	1	1.10	1	3	0.07	833	20.41	3	0.07	1	—	—	—	5	2
Rhondda	—	—	—	267	2.39	233	4	0.04	29	—	—	—	—	19	0.17	114	1.02	24	0.21	7	3.03	9	235	2.10	2,221	19.86	126	1.13	—	—	11	—	16	—
RURAL.																																		
Cardiff	—	—	—	52	1.41	36	—	—	—	1	0.03	—	—	6	0.16	42	1.14	5	0.14	—	—	1	28	0.76	270	7.34	40	1.09	—	2	1	—	7	—
Cowbridge	—	—	—	20	1.53	11	—	—	—	1	0.08	—	—	3	0.23	17	1.30	7	0.53	—	—	—	6	0.46	183	13.97	6	0.46	—	—	—	—	—	—
Gower	—	—	—	4	0.37	3	—	—	—	—	—	—	—	1	0.09	5	0.46	5	0.46	1	4.63	—	1	0.09	20	1.83	5	0.46	—	—	—	—	1	—
Llantrisant and Llan- twit Fardre	—	—	—	64	2.70	53	3	0.13	3	—	—	—	—	—	—	29	1.23	7	0.30	3	5.35	2	15	0.63	381	16.10	8	0.34	—	—	4	—	4	—
Neath	—	—	—	50	1.24	47	41	1.02	41	—	—	—	—	4	0.10	53	1.32	11	0.27	1	1.25	—	67	1.66	534	13.25	43	1.07	—	—	2	—	9	—
Penybont	—	—	—	32	0.96	16	13	0.39	13	—	—	—	—	1	0.03	43	1.29	23	0.69	—	—	—	15	0.45	203	6.10	15	0.45	—	1	3	1	4	—
Pontardawe	—	—	—	98	2.96	78	14	0.42	14	—	—	—	—	7	0.21	41	1.24	12	0.36	—	—	2	36	1.09	483	14.59	25	0.76	1	1	2	—	5	2

Figures in column showing admissions to hospital in respect of Diphtheria cases occasionally show a greater figure than the number of cases notified due to an altered diagnosis after admission.

				POPULATION		BIRTHS			DEATHS					CAUSES OF DEATH AT ALL AGES																												
				Census, 1931	Estimated 1947	Males	Females	Total	Stillbirths	Males	Females	Total	Under one Year	Typhoid and Paratyphoid Fevers	Cerebro-Spinal Fever	Scarlet Fever	Whooping Cough	Diphtheria	Tuberculosis of Respiratory System	Other Forms of Tuberculosis	Syphilitic Diseases	Influenza	Measles	Acute Polio Myel. and Polio-Enceph.	Acute Inf. Encephalitis	Cancer of B. Cavity and Oesoph. (M)	Uterus (F)	Cancer of Stomach and Duodenum	Cancer of Breast	Cancer of all Other Sites	Diabetes	Intra-Cran. Vasc. Lesions	Heart Disease	Other Diseases of Circ. System	Bronchitis	Pneumonia	Other Respiratory Diseases	Ulcer. of Stomach or Duodenum	Diarrhoea (under 2 years)	Appendicitis		
England and Wales	..	..																																								
Administrative County	..	..	766,223	712,070	7,649	7,154	14,803	433	5,248	4,064	9,312	752	—	7	—	21	7	432	83	21	87	16	4	7	106	284	107	642	73	1,026	2,412	230	742	351	267	62	88	3				
Urban Districts	..	..	585,508	520,900	5,758	5,335	11,093	317	4,017	3,090	7,107	585	—	5	—	15	6	324	66	16	69	12	2	4	80	214	78	475	52	788	1,903	149	605	257	208	44	74	2				
Rural Districts	..	..	180,715	191,170	1,891	1,819	3,710	116	1,231	974	2,205	167	—	2	—	6	1	104	17	5	18	4	2	3	26	70	29	167	21	238	509	81	137	94	59	18	14					
URBAN.																																										
Aberdare	..	..	48,746	39,780	371	350	721	20	337	290	627	45	—	—	—	3	—	23	4	1	10	—	—	1	3	21	9	32	2	81	203	9	23	16	16	5	5	—				
Barry Borough	..	..	38,891	38,480	436	459	895	21	258	224	482	43	—	—	—	—	—	24	3	1	5	—	—	—	4	17	7	38	—	69	131	18	15	20	6	2	4	—				
Bridgend	..	..	10,029	12,710	134	129	263	5	78	65	143	10	—	—	—	3	—	5	—	1	—	—	—	—	2	4	4	16	4	16	49	2	8	7	3	1	1	—				
Caerphilly	..	..	35,768	32,260	415	378	793	22	252	179	431	55	—	—	—	—	—	21	3	4	2	1	—	—	4	8	8	25	6	38	115	6	39	21	8	2	13	—				
Cowbridge Borough	..	..	1,018	1,290	4	5	9	—	8	8	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	7	1	2	1	—	—	—	—				
Gelligaer	..	..	41,043	35,810	445	385	830	16	240	197	437	53	—	—	—	—	18	3	—	2	1	—	1	4	12	4	31	4	52	98	5	42	12	17	3	10	—					
Glyncorwg	..	..	10,203	8,770	111	104	215	6	77	54	131	12	—	—	—	1	7	2	—	—	—	—	—	4	3	2	9	—	16	27	3	7	6	—	—	1	—					
Llchwyr	..	..	26,626	25,680	258	218	476	16	158	121	279	17	—	—	—	—	11	—	—	2	2	—	—	3	11	5	30	3	26	91	5	15	4	7	1	1	—					
Maesteg	..	..	25,570	22,800	275	254	529	20	176	136	312	32	—	3	—	—	17	7	1	6	—	—	—	4	9	2	23	3	30	78	4	30	16	8	3	5	—					
Mountain Ash	..	..	38,386	31,480	339	315	654	31	266	202	468	48	—	2	—	2	20	6	—	7	1	—	—	10	13	2	21	2	50	98	4	53	8	24	5	6	—					
Neath Borough	..	..	33,340	31,510	323	309	632	17	216	179	395	21	—	—	—	—	22	3	2	3	2	—	—	7	15	3	35	3	40	115	7	30	14	4	3	2	—					
Ogmore and Garw	..	..	26,981	23,000	263	199	462	22	167	140	307	22	—	—	—	—	10	3	—	2	2	—	—	4	10	3	20	1	29	96	10	22	3	7	3	—	—					
Penarth	..	..	17,719	17,230	208	169	377	7	133	91	224	16	—	—	—	—	8	2	—	3	—	—	—	2	—	—	1	19	1	34	53	9	13	12	3	—	—					
Pontypridd	..	..	42,717	38,800	415	438	853	28	314	216	530	48	—	—	1	—	30	6	1	—	—	—	1	6	13	6	32	3	65	137	13	45	32	17	—	3	—					
Porthcawl	..	..	6,447	8,640	92	77	169	8	73	72	145	7	—	—	—	—	5	—	—	—	—	—	—	—	4	3	10	—	13	38	4	8	3	4	—	—	—					
Port Talbot Borough	..	..	40,678	40,820	451	454	905	20	285	227	512	36	—	—	—	—	30	6	1	7	—	—	—	7	14	6	40	6	46	134	17	36	28	12	4	6	—					
Rhondda	..	..	141,346	111,840	1,218	1,092	2,310	58	979	689	1,668	120	—	—	4	—	73	18	4	20	3	2	—	16	60	13	92	14	183	433	32	217	54	66	8	14	—	—				
RURAL.																																										
Cardiff	..	..	29,056	36,770	287	295	582	16	215	175	390	19	—	—	—	—	18	1	—	1	—	—	1	4	5	5	49	3	44	103	23	14	26	2	4	3	—					
Cowbridge	..	..	10,513	13,110	186	181	367	12	82	63	145	17	—	1	—	—	8	2	—	—	—	—	3	3	5	6	2	17	18	9	13	3	4	—	—	1	—					
Gower	..	..	9,676	10,920	101	115	216	8	74	59	133	7	—	—	—	—	7	1	—	1	—	—	2	5	2	6	2	15	31	4	4	6	5	—	—	—	—					
Llantrisant and Llantwit Fardre	..	..	25,909	23,670	281	280	561	11	152	126	278	22	—	—	—	3	22	4	3	2	1	—	1	13	4	17	3	41	53	6	22	7	10	1	2	—						
Neath	..	..	39,783	40,300	396	404	800	25	263	209	472	37	—	1	—	—	16	6	—	6	—	—	—	10	18	8	31	7	43	102	12	38	21	18	6	3	—					
Penybont	..	..	33,290	33,290	328	299	627	19	210	151	361	40	—	—	—	3	15	—	—	2	2	1	1	3	13	1	23	2	33	93	11	20	20	4	2	4	—					
Pontardawe	..	..	36,569	33,110	312	245	557	25	235	191	426	25	—	—	—	—	22	3	2	6	1	—	—	3	13	4	35	3	45	109	16	26	11	16	3	1	—					



VITAL STATISTICS, ETC., 1947.

DEATH AT ALL AGES																														DEATH-RATE PER 1,000 POPULATION										RATE PER 1,000 LIVE BIRTHS		RATE PER 1,000 LIVE & STILL BIRTHS		
Heart Disease	Other Diseases of Circ. System	Bronchitis	Pneumonia	Other Respiratory Diseases	Ulcer. of Stomach or Duodenum	Diarrhoea (under 2 years)	Appendicitis	Other Digestive Diseases	Nephritis	Puerperal and Post-Abort: Sepsis	Other Maternal Causes	Premature Births	Con. Mal. Birth Inj. Infant Dis.	Suicide	Road Traffic Accidents	Other Violent Causes	All Other Causes	All Causes	Birth-rate	Death-rate	Typhoid and Paratyphoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis of Respiratory System.	Tuberculosis. Other forms	Respiratory Diseases	Suicide and other Violence	Infantile Mortality	Diarrhoea, etc. (under 2 years)	Puerperal and Post-Abort: Sepsis.	Other Maternal Causes									
2,412	230	742	351	267	62	88	30	173	248	—	28	187	213	52	58	261	987	9,312	20.5	12.0	0.00	0.00	0.01	0.00	0.02	0.01	0.09	0.47	0.08	—	—	41	5.8	0.32	0.85	England and Wales.								
1,903	149	605	257	208	44	74	25	120	173	—	24	144	163	33	43	179	757	7,107	20.8	13.1	—	—	0.02	—	0.03	0.01	0.12	0.61	0.12	1.91	0.52	51	5.94	—	1.84	Administrative County.								
509	81	137	94	59	18	14	5	53	75	—	4	43	50	19	15	82	230	2,205	21.3	13.6	—	—	0.02	—	0.03	0.01	0.13	0.62	0.13	2.05	0.49	53	6.67	—	2.10	Urban Districts.								
																			19.4	11.5	—	—	0.02	—	0.03	0.005	0.09	0.56	0.09	1.52	0.61	45	3.78	—	1.05	Rural Districts.								
																																								URBAN.				
203	9	23	16	16	5	5	—	15	13	—	3	13	12	2	2	11	89	627	18.1	15.8	—	—	—	—	0.08	—	0.25	0.58	0.10	1.38	0.38	62	6.93	—	4.05	Aberdare.								
131	18	15	20	6	2	4	3	10	9	—	3	13	17	5	4	12	42	482	23.3	12.5	—	—	—	—	—	—	0.13	0.62	0.08	1.07	0.55	48	4.47	—	3.28	Barry Borough.								
49	2	8	7	3	1	1	—	—	3	—	—	2	—	—	2	—	10	143	20.7	11.3	—	—	—	—	0.24	—	—	0.39	—	1.42	0.16	38	3.80	—	—	Bridgend.								
115	6	39	21	8	2	13	1	6	5	—	2	10	13	1	2	22	45	431	24.6	13.4	—	—	0.03	—	—	—	0.06	0.65	0.09	2.11	0.77	69	16.39	—	2.45	Caerphilly.								
7	1	2	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	16	7.0	12.4	—	—	—	—	—	—	—	—	—	2.33	—	—	—	—	—	Cowbridge Borough.								
98	5	42	12	17	3	10	—	9	17	—	4	17	11	—	2	11	47	437	23.2	12.2	—	—	0.03	—	—	—	0.06	0.50	0.08	1.98	0.36	64	12.05	—	4.73	Gelligaer.								
27	3	7	6	6	—	1	1	2	2	—	—	5	2	2	—	8	14	131	24.5	14.9	—	—	—	—	0.11	0.11	—	0.80	0.23	2.17	1.14	56	4.65	—	—	Glyncoirwg.								
91	5	15	4	7	1	1	2	6	8	—	1	7	6	3	1	9	19	279	18.5	10.9	—	—	0.08	—	—	—	0.08	0.43	—	1.01	0.51	36	2.10	—	2.03	Llwchwr.								
78	4	30	16	8	3	5	3	2	7	—	2	3	6	2	1	9	24	312	23.2	13.7	—	—	—	—	0.04	0.09	0.26	0.75	0.31	2.37	0.53	60	9.45	—	3.64	Maesteg.								
98	4	53	8	24	5	6	4	5	7	—	1	14	12	5	1	10	75	468	20.8	14.9	—	—	0.03	—	0.06	—	0.22	0.64	0.19	2.70	0.51	73	9.17	—	1.46	Mountain Ash.								
0	115	7	30	14	4	3	2	5	14	—	1	8	6	—	2	1	46	395	20.1	12.5	—	—	0.06	—	—	—	0.10	0.70	0.10	1.52	0.10	33	3.16	—	1.54	Neath Borough.								
9	96	10	22	3	7	3	1	12	6	—	—	10	5	1	2	14	31	307	20.1	13.3	—	—	0.09	—	—	—	0.09	0.43	0.13	1.39	0.74	48	—	—	—	Ogmore and Garw.								
4	53	9	13	12	3	3	—	5	11	—	—	2	7	3	3	5	24	224	21.9	13.0	—	—	—	—	—	0.06	0.17	0.46	0.12	1.63	0.64	42	7.96	—	—	Penarth.								
5	137	13	45	32	17	3	—	14	6	—	3	7	12	1	4	21	51	530	22.0	13.7	—	—	—	—	0.03	—	—	0.77	0.15	2.42	0.67	56	3.52	—	3.41	Pontypridd.								
3	38	4	8	3	4	—	—	3	7	—	1	3	3	2	1	7	22	145	19.6	16.8	—	—	—	—	—	—	0.58	—	1.74	1.16	41	—	—	—	5.65	Porthcawl.								
6	134	17	36	28	12	4	—	7	25	—	—	4	15	2	8	10	39	512	22.2	12.5	—	—	—	—	—	0.05	0.17	0.73	0.15	1.86	0.49	40	6.63	—	—	Port Talbot Borough.								
3	433	32	217	54	8	14	8	19	32	—	3	26	36	4	8	29	177	1,668	20.7	14.9	—	—	0.03	—	0.04	—	0.18	0.65	0.16	3.01	0.37	52	6.06	—	1.27	Rhondda.								
																																								RURAL.				
14	103	23	14	26	2	3	1	7	6	—	—	5	6	2	2	8	47	390	15.8	10.6	—	—	—	—	—	—	0.03	0.49	0.03	1.14	0.33	33	5.15	—	—	Cardiff.								
7	18	9	13	3	4	2	1	2	2	—	—	5	7	2	1	8	21	145	28.0	11.1	—	—	—	—	—	—	—	0.61	0.15	1.53	0.84	46	2.72	—	—	Cowbridge.								
15	31	4	4	6	5	—	—	6	10	—	—	4	2	—	—	5	15	133	19.8	12.2	—	—	—	—	—	—	0.09	0.64	0.09	1.37	0.46	32	—	—	—	Gower.								
41	53	6	22	7	10	2	—	6	6	—	—	4	6	4	1	8	27	278	23.7	11.7	—	—	0.04	—	0.13	—	0.08	0.93	0.17	1.65	0.55	39	3.57	—	—	Llantrisant and Llantwit Fardre.								
3	102	12	38	21	18	6	3	8	20	—	4	9	9	3	2	19	51	472	19.9	11.7	—	—	—	—	—	—	0.15	0.40	0.15	1.91	0.60	46	3.75	—	4.85	Neath.								
33	93	11	20	20	4	4	1	10	11	—	—	8	14	4	5	21	34	361	18.8	10.8	—	—	0.06	—	0.09	—	0.06	0.45	—	1.32	0.90	64	6.38	—	—	Penybont.								
45	109	16	26	11	16	3	2	14	20	—	—	8	6	4	4	13	35	426	16.8	12.9	—	—	0.03	—	—	0.03	0.18	0.66	0.09	1.60	0.63	45	1.78	—	—	Pontardawe.								







